City of Linden

UNION COUNTY, NEW JERSEY

OFFICE OF CITY CLERK
City Hall – 301 North Wood Avenue
(908) 474-8452
Fax: (908) 474-8451

Joseph C. Bodek, RMC, RPPO
City Clerk

Jennifer Honan
Deputy City Clerk

March 3, 2021

Resident
Opra+request-19761-62402519@requests.opramachine.com

File Number: 2021-054

Re: OPRA Request – 1207-4 Stockton Circle

Dear Resident:

The City of Linden received your Open Public Records Act (OPRA) request on January 18, 2021. The official Records Custodian, Joseph C. Bodek, received your OPRA request on January 18, 2021.

You requested the following: See Attached

The records are now being provided to you as per your request, with redactions. In accordance with N.J.S.A. N.J.S.A. 47:1A-1 (24) Privacy Interest and N.J.S.A. 47:1A-1.1(19) Personal Identifying Information "Phone Numbers, federal Id number and License number" a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy." Please be advised that one (1) additional police report exists, however, it is exempt from disclosure in accordance with N.J.S.A 47:1A-1.1(5) Criminal Investigatory Records.

Generally, a custodian is required to allow for inspection or copying of government records "during regular business hour." N.J.S.A. 47:1A-5(a). Moreover, OPRA provides that a custodian must respond to an OPRA request "no later than seven days after receiving the request." Enacted on March 20, 2020, P.L. 2020, c.10 amended N.J.S.A 47:1A-5(a) that OPRA's statutory deadlines do not apply for the duration of a Governor-declared state of emergency pursuant to a public health emergency under the Emergency Health Powers Act (N.J.S.A. 26:13-1 et seq.)

Sincerely,

Joseph C. Bodek

Joseph C. Bodek
Custodian of Records
City of Linden

New Jersey Government Records Council ("GRC")

What to do if your request for a record has been denied

The New Jersey Open Public Records Act (N.J.S.A. 47:1A-1 *et seq.*) permits a person who believes that he or she has been unlawfully denied access to a public record either to file a complaint with the GRC or to file suit in Superior Court to challenge the decision and compel disclosure. This poster describes the procedures for taking such actions.

To file a complaint with the GRC:

- Visit the GRC's website at www.nj.gov/grc for information and to register your complaint. In the alternative, you may contact the GRC by telephone at 1-866-850-0511 or by e-mail at government.records@dca.nj.gov.
- When you file the written complaint, the GRC will offer both you and the public agency non-adversarial, impartial mediation. If mediation is not accepted or is not successful, the GRC will investigate the complaint.
- In some cases, the GRC can award attorney's fees to a complainant or impose a fine against a records custodian.
- There is no fee to file a complaint with the GRC.

To file a complaint in Superior Court:

- A requestor may start a summary (expedited) lawsuit in the Superior Court. A written complaint and order to show cause must be filed with the court.
- The court requires a filing fee, and you must serve the lawsuit papers on the appropriate parties.
- The court will schedule a hearing to resolve the dispute.
- If you disagree with the court's decision, you may appeal the decision to the Appellate Division of the Superior Court.
- If you are successful, you may be entitled to reasonable attorney's fees.
- You may wish to consult with an attorney to learn about initiating and pursuing a summary lawsuit in the Superior Court.
- Filing suit in Superior Court may result in a faster resolution, because the courts adjudicate cases every day, whereas the GRC only meets once a month.

Government Records Council, P.O. Box 819, Trenton, New Jersey 08625-0819

Talia Pena-Marin 2021-054

From: Joe Bodek
Sent: Monday, January 18, 2021 12:27 PM
To: Talia Pena-Marin
Subject: FW: OPRA request - OPRA request

-----Original Message-----
From: Resident <opra+request-19761-62402519@requests.opramachine.com>
Sent: Sunday, January 17, 2021 11:35 PM
To: Joe Bodek <jbodek@linden-nj.org>
Subject: OPRA request - OPRA request

Dear Linden City,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Please Note: I submitted the following OPRA request on November 17. Never receiving a response from your office, I asked for an update in early January. I still have not received a response, so I am withdrawing that request and re-filing it as a new request now. Please respond as soon as possible to confirm receipt of this OPRA request.

Records requested:

From the Police Department, the following requests:

1. The following documents pertaining to an incident involving Lenny Dykstra (aka Leonard Dykstra) on 5/23/18: Any incident reports with narrative, case summary reports with narrative, arrest reports, booking information, criminal complaints and/or summonses.

2. Police dispatch logs of all incidents of police dispatched to 1207-4 Stockton Circle from 2017-present.

3. All police reports with the name Lenny Dykstra and/or Leonard Dykstra on them from 2017-present.

Also, the following property records on file from 2015-Present for 1207-4 Stockton Circle (Block 411, Lot 13). Include property record cards; open/closed building/construction permits; certificates of occupancy; code violations and surveys.

Yours sincerely,

Resident

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-19761-62402519@requests.opramachine.com

Is jbodek@linden-nj.org the wrong address for OPRA requests to Linden City? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=linden_city

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/opra_request_1152098

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #18037210

Incident Information			
Incident #		**Incident Date**	**Call Taker**
18037210		07/27/2018 23:45:49	v09piro
Incident Type		**Description**	**Priority**
244 DOMESTIC		1207-4	3
Ems Level	**Alarm Level**	**Modified By**	**Modified Date**
		v09piro	07/27/2018 23:49:25

Event Information	
Municipality	**Business Name**
Fire Box	**RA**

Correct Location			
1207 STOCKTON CIR			
Street #	**Street Name**	**Apartment #**	**Cross Street**
1207	STOCKTON CIR		

Near	**Landmarks**	**Additional**

Reporting Person		
RP Name	**RP Phone**	**How Received**
[redacted]	[redacted]	911
RP Address	**Closed By**	**Date Closed**
	v09vesc	07/28/2018 00:02:51

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	DOMESTIC

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #18030678

Incident Information			
Incident #		**Incident Date**	**Call Taker**
18030678		06/19/2018 15:19:54	v09blan
Incident Type		**Description**	**Priority**
246 HARASS			5
Ems Level	**Alarm Level**	**Modified By**	**Modified Date**
			06/19/2018 15:20:21

Event Information	
Municipality	**Business Name**
1 LINDEN	
Fire Box	**RA**
11	237

Correct Location			
301 N WOOD AVE			
Street #	**Street Name**	**Apartment #**	**Cross Street**
301	N WOOD AVE		

Near	**Landmarks**	**Additional**
CITY HALL BUILDING	ON CORNER OF W BLANCKE ST	SEGMENT ADDRESSES RANGE FROM 301 TO 301

Reporting Person		
RP Name	**RP Phone**	**How Received**
		RADIO
RP Address	**Closed By**	**Date Closed**
	v09blan	06/19/2018 15:20:43

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	HARASS

Note(s)

Note Type	Entered By	User ID
NOTICE	06/19/2018 15:20:38	auto
Narrative Description		
This is a test		
Note Type	Entered By	User ID
PAST INC	06/19/2018 15:20:38	auto
Narrative Description		
THERE ARE 7841 PAST INCIDENTS AT 301 N WOOD AVE		
Note Type	Entered By	User ID
AG DOC	06/19/2018 15:20:38	auto
Narrative Description		
THERE ARE 441 AGENCY DOCUMENTS AT 301 N WOOD AVE		
Note Type	Entered By	User ID
COURT DOC	06/19/2018 15:20:38	auto
Narrative Description		
THERE IS 1 OFFENDER ARREST WARRA AT ADDRESS		

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
D18	RESP	15:20:21	N		v09blan
D18	ONLOC	15:20:21	N		v09blan
D18	CLEAR	15:20:43	Y		v09blan

Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(RPT) REPORT NEEDED	Y		RAMIREZ, DET. CHRISTIAN

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #17062171

Incident Information			
Incident #	**Incident Date**		**Call Taker**
17062171	12/01/2017 19:14:46		v09piro
Incident Type	**Description**		**Priority**
413 SUS EVNT	WATER DAMAGE & ITEMS MISS		3
Ems Level / **Alarm Level**	**Modified By**		**Modified Date**
	v09piro		12/01/2017 19:22:07

Event Information	
Municipality	**Business Name**
1 LINDEN	
Fire Box	**RA**
21	151

Correct Location			
12074 STOCKTON CIR			
Street #	**Street Name**	**Apartment #**	**Cross Street**
12074	STOCKTON CIR		

Near	Landmarks	Additional
OFF N STILES BY BEECHWOOD RD	ADDRESSES #1207-1 THRU #1207-5	SEGMENT ADDRESSES RANGE FROM 12071 TO 12075

Reporting Person		
RP Name	**RP Phone**	**How Received**
LENNY DYKSCHRA	[redacted]	911
RP Address	**Closed By**	**Date Closed**
	v09piro	12/02/2017 04:26:21

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	SUS EVNT

Note(s)

Note Type	Entered By	User ID
CALL-TKR	12/01/2017 19:18:39	v09piro
Narrative Description		
BELIEVES THAT SOMEONE BROKE INTO HIS HOUSE AS WELL// MISSING PAINTINGS // AWAY ON A TRIP IN SOUTH DAKOTA JUST RETURNED HOME		

Note Type	Entered By	User ID
AG DOC	12/01/2017 19:18:44	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
COURT DOC	12/01/2017 19:18:44	auto
Narrative Description		

Note Type	Entered By	User ID
INFO	12/01/2017 19:20:15	v09piro
Narrative Description		
CALLER STATES WATER LEAKING FROM CEILING AND THAT BASEMENT IS FLOODED		

Note Type	Entered By	User ID
LOC CHG	12/01/2017 19:21:27	v09piro
Narrative Description		
FROM: (1) 1207-4 STOCKTON CIR TO (1) 12074 STOCKTON CIR		

Note Type	Entered By	User ID
NOTICE	12/01/2017 19:21:44	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		

Note Type	Entered By	User ID
AG DOC	12/01/2017 19:21:44	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
COURT DOC	12/01/2017 19:21:44	auto
Narrative Description		

Note Type	Entered By	User ID
INFO	12/01/2017 19:53:22	v09piro
Narrative Description		
L62 RETURNING TO 2H TO RETRIEVE EQUIPEMTN TO PUMP 3' OF WATER OUT OF BASEMENT		
Note Type	Entered By	User ID
VOID	12/01/2017 20:27:39	v09piro
Narrative Description		
REQUEST FOR POLICE: DIST VOIDED		
Note Type	Entered By	User ID
INFO	12/01/2017 22:10:04	v09piro
Narrative Description		
union county sheriff on scene		
Note Type	Entered By	User ID
INFO	12/01/2017 22:55:38	v09piro
Narrative Description		
10044 1 m to hq		
Note Type	Entered By	User ID
INFO	12/01/2017 23:02:55	v09piro
Narrative Description		
10046 ending at hqtrs		
Note Type	Entered By	User ID
INFO	12/01/2017 23:42:04	v09cha1
Narrative Description		
This incident was previously closed and has been re-opened.		
Note Type	Entered By	User ID
INFO	12/01/2017 23:42:04	v09cha1
Narrative Description		

Officers and Units

CAD Units			
Agency Name	Unit ID	Personnel Id	Officer Name
LIN-PD	701	[redacted]	VASQUEZ, OFF. JOHN
LIN-PD	704		RIZZO, OFF. MICHAEL
LIN-PD	704		HEMENWAY, OFF. DANIEL;
LIN-PD	708		MCPHAIL, OFF. JACYN
LIN-PD	717		SHEEHAN, SGT. GAVIN;
LIN-PD	D13		JONES, DET MATT;
LIN-FD	L62		MAJEWSKI, BRIAN
LIN-FD	L81		KAVERICK, BARRY

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
701	RESP	19:19:41	N		v09piro
704	RESP	19:19:41	N		v09piro
704	ONLOC	19:31:45	N		v09cha1
701	CLEAR	19:31:52	Y		v09piro
705	RESP	20:12:39	N		v09piro
705	CANCEL	20:23:39	Y		v09piro
717	RESP	20:32:18	N		v09cha1
717	ONLOC	20:32:20	N		v09cha1
717	CLEAR	20:53:56	Y		v09cha1
D13	RESP	21:02:50	N		v09cha1
D13	ONLOC	21:02:52	N		v09cha1
708	RESP	21:55:54	N		v09cha1
708	ONLOC	22:43:57	N		v09piro
704	TO STA	22:55:45	N	1 M	v09piro
704	LV STA	23:02:02	Y	1 M	v09piro
704	AT STA	23:02:05	N	1 M	v09piro
D13	CLEAR	23:04:04	Y		v09piro
704	CLEAR	23:21:19	Y		v09cha1
708	CLEAR	23:38:58	Y		v09piro
708	RESP	23:42:18	N		v09piro
708	ONLOC	23:42:21	N		v09piro
D13	RESP	00:36:58	N		v09piro
D13	ONLOC	00:37:05	N		v09piro
708	CLEAR	01:57:32	Y		v09piro
D13	CLEAR	02:17:12	Y		v09piro

Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
FIRE/RESCUE	(SER) SERVICED			MAJEWSKI, BRIAN
POLICE	(RPT) REPORT NEEDED	Y		RIZZO, OFF. MICHAEL

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
18028113 / 1	RAMIREZ, DET. CHRISTIAN [redacted]	DETECTIVE	APPROVED

INCIDENT #18028113 DATA

As Of 06/26/2018 15:49:56

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
HARASSMENT	301 N WOOD AVE	

DATE/TIME REPORTED	DATE/TIME OCCURRED
06/19/2018 15:19:54	On or about 06/19/2018 15:19

INCIDENT TYPE(S)/OFFENSE(S)
(2C:33-4)HARASSMENT

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
VICTIM	LUTY, BRIAN	MALE	WHITE	[redacted]		(HOME)
	ADDRESS: [redacted]					(CELL) [redacted]

OFFENDERS

STATUS	NAME	SEX	RACE	AGE	DOB	PHONE
SUSPECT	DYKSTRA, LENNY KYLE LESWICK	MALE	WHITE	55	02/10/1963	(HOME)
	ADDRESS: 1207 STOCKTON CIRCLE LINDEN, NJ					(CELL) [redacted]

[NO VEHICLES]

[NO PROPERTY]

OFFICER REPORT: 18028113 - 1 / RAMIREZ, DET. CHRISTIAN (8838)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
06/19/2018 15:31:49	INCIDENT	APPROVED

NARRATIVE

Brian Luty came to LPD HQ to make a report of harassment. Brian who is a victim in case#18023625 stated that the offender in the previous case Lenny Dykstra posted a harassing tweet on his twitter account @Lennydykstra. The tweet states "Just in case #NialsNation and the world was wondering

what my kidnapper, oops my #Uber driver on a certain night looked like." ,the tweet then has a picture of Brian's Uber driver profile picture under it. Brian says that the tweet has affected his Uber profits and personal life negatively. He stated that he has had 5 Uber fares canceled on him since the tweet was posted and said it is unusual for him to have so many cancelations. He has also been pointed out publicly by strangers while in public with his family. Brian was able to send me the picture of Lenny's post through my department email. Brian was advised of complaint procedures.

* A screen shot of Lenny's post was uploaded onto Evidence.com.

REPORT OFFICERS

Reporting Officer:	RAMIREZ, DET. CHRISTIAN	[redacted]
Reviewing Officer:		
Approving Officer:	CARHART, DET SGT. JEFFRE	[redacted]

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
17057975 / 1	RIZZO, OFF. MICHAEL [redacted]	OFFICER	APPROVED

INCIDENT #17057975 DATA

As Of 09/14/2018 11:20:54

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
BURGLARY TO RESIDENCE	12074 STOCKTON CIR	

DATE/TIME REPORTED	DATE/TIME OCCURRED
12/01/2017 19:14:46	On or about 12/01/2017 19:14

INCIDENT TYPE(S)/OFFENSE(S)

(2C:18-2.2)B & E - FORCE - RESIDENCE - UNKNOWN TIME

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
VICTIM	DYKSTRA, LEONARD	MALE	WHITE	54	02/10/1963	(HOME) [redacted]
	ADDRESS: 1207 STOCKTON CIRCLE 4 LINDEN, NJ					(CELL)

[NO OFFENDERS]

[NO VEHICLES]

PROPERTY

CLASS	DESCRIPTION	MAKE	MODEL	SERIAL #	VALUE
OTHER	WORLDS SERIES MEMORABILIA	MLB	METS	N/A	1

OFFICER REPORT: 17057975 - 1 / RIZZO, OFF. MICHAEL (8117)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
12/02/2017 00:08:53	INCIDENT	APPROVED

NARRATIVE

While on patrol in marked unit 704 with Ofc. Hemenway, we responded to 1207-4 Stockton Circle on a report of a burglary to the residence. We arrived on scene and spoke to Leonard Dykstra. Leonard stated that he arrived home on this date at approximately 19:00hrs and observed water dripping down from the ceiling. Leonard stated that he also observed his personal

pieces of Mets World Series Championship memorabilia was missing from the living room wall. Leonard stated that these items included signed baseballs from team mates on the 1986 NY Mets and auto graphed photos.

While taking a walk through of the residence I observed all sinks and showers were turned on. I also observed all drains were plugged with towels resulting in the overflow of water and extensive water damage throughout the house. The ceiling located in the kitchen collapsed and there were exposed pipes. Located in the basement was approximately three feet of water. All entry doors to the bedrooms were forced opened. The rear entrance door to the garage also had signs of forced entry

Leonard stated that he had purchased this house two months ago and was currently renovating. Leonard stated that he had two safes that were bolted down in the basement. These safes contained numerous watches and other personal items. Leonard stated that all missing items are itemized and insured by All State Insurance.

After speaking to Leonard, on call Detective M. Jones was notified and responded on scene. I the investigation was then turned over to him. Detective Jones then notified the Union County Sheriff's Crime Scene Unit to respond and process the scene.

1207-2 Stockton Circle- I spoke to Linda Graham who resides at this residence. Linda stated that a week prior she observed Leonard and an unknown female involved in a verbal argument. Linda stated the Leonard was arguing over a Uber ride to a hotel. Linda stated that Leonard has lived at the residence for two months. She stated that a unknown female resides at the residence during the day. Linda stated that this female drives a white vehicle, no further make or model. Linda stated that on Tuesday she observed a male wearing a grey colored baseball cap similar to the one that Leonard wears. Linda stated that she thought the male was Leonard due to the way he was hunched over. Linda stated she observed nothing else suspicious.

1207-5 Stockton Circle. I arrived at this residence and spoke to Andrea Midway. Andrea stated that on 11/29/17 she observed a male wearing grey dress pants, faded blue sweat shirt and a grey baseball cap standing on the front lawn of
1207-4 Stockton Circle. Andrea stated that she thought this was Leonard since he wears the exact clothing. Andrea stated this male had two large construction bags in each hand. Andrea stated that a gold colored Buick Regal pulled up to the residence. This male then handed the two bags to the

driver of the Buick. The Buick then left the scene towards Stiles St. Andrea stated that she also observed a Blue truck (no make nor model) back up to the garage on 11/28 or 11/29. Andrea sis not think this was suspicious since Leonard is renovating his house. Andrea stated that since Leonard has moved in the neighborhood she observes multiple white Mercedes Benz leaving the area.

Value of damage is unknown at this time. Also value of stolen items is unknown at this time.

REPORT OFFICERS

Reporting Officer:	RIZZO, OFF. MICHAEL	[redacted]
Reviewing Officer:		
Approving Officer:	DAMATTA, SGT. MATTHEW	[redacted]

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #18025849

Incident Information			
Incident #		**Incident Date**	**Call Taker**
18025849		05/23/2018 03:27:36	v09safn
Incident Type		**Description**	**Priority**
180 NARCOTIC			2
Ems Level	**Alarm Level**	**Modified By**	**Modified Date**
		v09safn	05/23/2018 04:00:44

Event Information	
Municipality	**Business Name**
1 LINDEN	POLICE HDQTS
Fire Box	**RA**
11	237
Correct Location	
POLICE HDQTS / 301 N WOOD AVE	

Street #	**Street Name**	**Apartment #**	**Cross Street**
301	N WOOD AVE		

Near	**Landmarks**	**Additional**
W BLANCKE ST	POLICE HDQTS / CITY HALL	HQ IS AN ALIAS FOR POLICE HDQTS

Reporting Person		
RP Name	**RP Phone**	**How Received**
	[redacted]	RADIO
RP Address	**Closed By**	**Date Closed**
	v09safn	05/23/2018 03:52:50

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	SUS EVNT

Note(s)

Note Type	Entered By	User ID
PAST INC	05/23/2018 03:27:58	auto
Narrative Description		
THERE ARE 7926 PAST INCIDENTS AT 301 N WOOD AVE		
Note Type	Entered By	User ID
AG DOC	05/23/2018 03:27:58	auto
Narrative Description		
THERE ARE 431 AGENCY DOCUMENTS AT 301 N WOOD AVE		
Note Type	Entered By	User ID
COURT DOC	05/23/2018 03:27:58	auto
Narrative Description		
THERE IS 1 OFFENDER ARREST WARRA AT ADDRESS		
Note Type	Entered By	User ID
TYPE CHG	05/23/2018 04:00:45	v09safn
Narrative Description		
FROM: SUS EVNT TO NARCOTIC		
Note Type	Entered By	User ID
TYPE CHG	05/23/2018 04:00:45	v09safn
Narrative Description		
POLICE FROM: SUS EVNT TO NARCOTIC		

Officers and Units

CAD Units			
Agency Name	Unit ID	Personnel Id	Officer Name
LIN-PD	710	[redacted]	RICHMOND, SGT MICHA

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
710	RESP	03:27:47	N		v09safn
710	ONLOC	03:27:47	N		v09safn
710	CLEAR	03:52:50	Y		v09safn

Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(RPT) REPORT NEEDED	Y		APPELLO III, JOSEPH

LINDEN POLICE DEPARTMENT
LINDEN, NJ

Booking Report #TLIN018000865

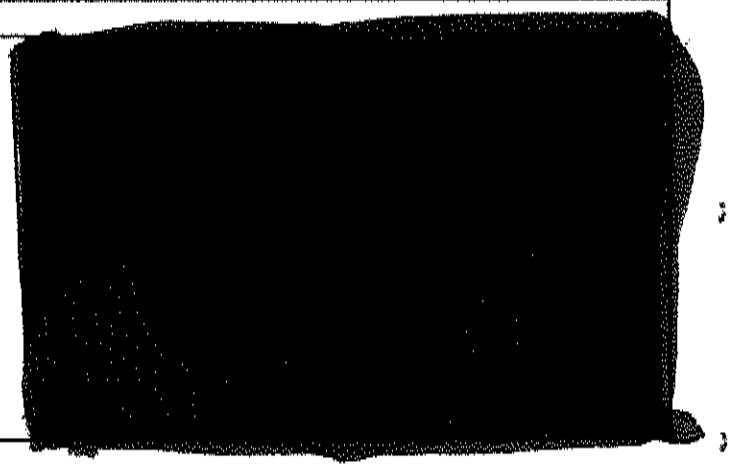
☒ ADULT ☐ JUVENILE

Booking Information

Agency	Booking Number	Date Of Booking	Date of Arrest	Review Status
LIN-PD	TLIN018000865	05/23/2018 03:53:54	05/23/2018 03:27:36	APPROVED
Event Type	**File #**	**PCF #**	**ID Source**	**MNI #**
ARREST	18023625		DRIVERS LICENSE	176392

Basic Information

Name	
LENNY KYLE LESWICK DYKSTRA	
Address	
1207 STOCKTON CIRCLE LINDEN NJ 07036	
DOB	**Age**
02/10/1963	55
Social Sec #	**Gender**
[redacted]	M



Charges

Booking # : TLIN018000865

Charge # 1		Related Incident: 18023625
Charge Code	**Charge Desc**	**Counts**
2C:35-10A+B+	POSS+ USE OR BEING UNDER THE INFLUENCE OF CDS	1
Dt Charged	**Charge Notes**	
05/23/2018 04:48:42	2C:35-10A(1) UNDER SUMMONS #2009 S 2018 000438 COURT DATE 6/8/2018 COUNTY ACTION	

Charge # 2		Related Incident: 18023625
Charge Code	**Charge Desc**	**Counts**
2C:36-2+3+4+5	DRUG PARAPHERNALIA	1
Dt Charged	**Charge Notes**	
05/23/2018 04:49:11	SUMMONS #2009 S 2018 000438 COURT DATE 6/8/2018 COUNTY ACTION	

Charge # 3		Related Incident: 18023625
Charge Code	**Charge Desc**	**Counts**
2C:35-10A+B+	POSS+ USE OR BEING UNDER THE INFLUENCE OF CDS	1
Dt Charged	**Charge Notes**	
05/23/2018 06:12:11	2C:35-10A (1) UNDER SUMMONS # 2009 S 2018 000438	

Charge # 4		Related Incident: 18023625
Charge Code	**Charge Desc**	**Counts**

2C:12-3B	TERRORISTIC THREATS - (TO KILL)
Dt Charged 05/23/2018 05:47:27	Charge Notes SUMMONS #2009 S 2018 000438 COURT DATE 6/8/2018 COUNTY ACTION

Charge # 5 Related Incident: 18023625

Charge Code	Charge Desc	Counts
2C:35-10A+B+	POSS+ USE OR BEING UNDER THE INFLUENCE OF CDS	
Dt Charged 05/23/2018 05:47:53	Charge Notes 2C:35-10A(4) UNDER SUMMONS #2009 S 2018 000438 COURT DATE 6/8/2018 COUNTY ACTION	

Bail

Booking # : TLIN018000865

Bail		
Amount	Bail Set By	Date Bail Set
Bail Terms		
Paid By Self	Bail Payor (if Not Self)	Date Bail Paid

Event Information

Booking # : TLIN018000865

Event Information			
Custody Date 05/23/2018 03:27:36	Street # 301	Street Name N WOOD AVE	Unit
City LINDEN	State NJ	Zipcode 07036	Cross Street
Municipality LINDEN	Business Name POLICE HDQTS		Business Phone

Finger Prints

Booking # : TLIN018000865

Finger Prints			
SID #	FBI #	Prints Taken?	Print #
Print Officer	Date/Time Taken		State Prob Num

Authorization

Booking # : TLIN018000865

Authorization		
Booking Officer 909388 APPELLO III, JOSEPH	Signature	Date/Time Entered
Reviewed By	Signature	Date/Time Reviewed

Approved By	Signature	Date/Time Approved
8321 SHEEHAN, SGT. GAVIN;		05/25/2018 04:59:08

Personal Characteristics

Booking # : TLIN018000865

Personal Data / Characteristics			
Home Phone	Work Phone		Cell Phone [redacted]
Race WHITE	Ethnicity NOT OF HISPANIC ORIGIN		Residency RESIDENT
Height 509	Weight 190		Build MEDIUM
Hair Color BLOND/STRAWB	Eye Color BLUE		Complexion OLIVE
Marital Status UNMARRIED	Spouse		Maiden Name
Mother MARYLIN	Mothers Maiden Name		Father DENNIS
Birth City SANTA ANA	Birth State CA	Birth Country	Citizen
License # [redacted]	Class C	State CA	Expiration Date 2019
Scars Marks and Tattoos			
Occupation	Employer UNEMPLOYED		Employer Phone
Employer Address			

Contacts

Booking # : TLIN018000865

Contact # Type: 1 OTHER			
First Name DORTHY	Middle Name	Last Name VANKALSBEAK	Suffix
Business Name	Phone	Next of Kin	
Address N/A N/A	City N/A	State CA	Zip Code
Narrative			

Medical Information

Booking # : TLIN018000865

Medical	
Physician	**Treatment Location**
Narrative	

Questions

Booking # : TLIN018000865

Question Set: BOOKING	
Question	**Answer**
WHAT IS YOUR BLOOD TYPE?	UNK
WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE RECEIVED?	HS
ARE YOU RIGHT OR LEFT HANDED?	RIGHT
CAN YOU READ AND WRITE ENGLISH	YES
COMPLAINANT	LPD
COMPLAINANT'S ADDRESS	301 N WOOD AVE

Question Set: CHECKS	
Question	**Answer**
DID YOU CONDUCT A DMV CHECK?	YES
DID YOU CONDUCT AN ACS/ATS CHECK?	YES
DID YOU CONDUCT A CCH CHECK?	YES
DID YOU CONDUCT AN NCIC CHECK?	YES
DID YOU CONDUCT A NJWPS CHECK?	YES
DID YOU CONDUCT A LOCAL WARRANT CHECK?	YES

Question Set: CONTACTS	
Question	**Answer**
WAS CONTACT INFORMATION OBTAINED (YES OR NO, IF NO EXPLAIN)?	YES

Question Set: LINDEN ID	
Question	**Answer**
ENTER THE SUBJECT'S LINDEN FINGERPRINT & PHOTO ID NUMBER. USE OLD NUMBER IF IT EXISTS.	176392

Question Set: SUICIDE	
Question	**Answer**
ARE YOU PRESENTLY TAKING MEDICATION?	YES
WHAT TYPE?	[redacted]
PHYSICIANS NAME?	N/A
FOR WHAT REASON?	[redacted]
ARE YOU NOW OR EVEN BEEN UNDER PSYCHIATRIC CARE?	NO
HAVE YOU PREVIOUSLY ATTEMPTED SUICIDE?	NO

ARE YOU NOW CONTEMPLATING SUICIDE?	NO
HAS ANYONE CLOSE TO YOU EVER COMMITTED SUICIDE?	NO
HOW DO YOU FEEL NOW?	MISTREATED

Custody

Booking # : TLIN018000865

Custody	
Status IN PROGRESS	**Location** HOLDING AREA
Status Date 05/23/2018 03:53:54	**Status Updated By** [redacted]MITH, ROBERT
Notes Regarding Custody	

Custody	
Status RELEASED	**Location** RELEASED
Status Date 05/23/2018 06:15:42	**Status Updated By** [redacted]ITH, ROBERT
Notes Regarding Custody	

Property

Booking # : TLIN018000865

Property #: 1		
Property Type PERSONAL	**Tag ID**	**Storage Location**
Narrative		
2 cell phones 1 wallet containing 383 us currency and misc items 1 camel 1 lighter chap stick 2 cough drops 1 california 1 hat 1 pair of sneakers 1 shirt 1 blue suit case containing misc items 1 black coffee cup 1 clear bag containing misc items 1 black bag containing misc items 1 black jacket		

Officer Roles

Booking # : TLIN018000865

Officers	
Officer	**Role**
[redacted]SHEEHAN, SGT. GAVIN;	APPROVING
[redacted]APPELLO III, JOSEPH	ARRESTING
[redacted]APPELLO III, JOSEPH	BOOKING
[redacted]SMITH, ROBERT	BOOKING

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
18034228 / 1	SCANLON, OFF. NICHOLAS [redacted]	OFFICER	APPROVED

INCIDENT #18034228 DATA

As Of 07/28/2018 02:44:39

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
DISPUTE	1207 STOCKTON CIR	

DATE/TIME REPORTED	DATE/TIME OCCURRED
07/27/2018 23:45:49	On or about 07/27/2018 23:45

INCIDENT TYPE(S)/OFFENSE(S)

(24007)DISPUTE OR ARGUMENT (ANY/OTHER)

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
INVOLVED PARTY	DYKSTRA, LENNY KYLE LESWICK **ADDRESS:** 1207 STOCKTON CIRCLE LINDEN, NJ	MALE	WHITE	55	02/10/1963	(HOME) (CELL) [redacted]
REPORTING PERSON	ELMA, DEBRA **ADDRESS:** 1207 STOCKTON RD LINDEN, NJ	FEMALE	BLACK	56	05/14/1962	(HOME) (CELL) [redacted]

[NO OFFENDERS]

[NO VEHICLES]

[NO PROPERTY]

OFFICER REPORT: 18034228 - 1 / SCANLON, OFF. NICHOLAS (909085)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
07/28/2018 02:07:42	INCIDENT	APPROVED

NARRATIVE

On 7/27/2018 while on patrol in marked Unit 753, I was dispatched to 1207 Stockton Rd. on the report of a dispute.

Upon my arrival I was met by the caller (Debra Elam). While speaking with Debra she stated that she rents a room at this address from Lenny Dykstra.

Debra further stated that while in her room she heard Lenny involved in an argument with a female friend of his. Debra stated she became fearful when the female friend began to throw things around the house.

I then spoke with Lenny, who stated the female has since left the scene. When asked what this female's name was, Lenny stated he did not know. Lenny further stated that he did not want any police involvement in this matter and he did not contact us.

I the spoke with Debra again, who stated that if there are any further incidents she with contact the police.

REPORT OFFICERS

Reporting Officer:	SCANLON, OFF. NICHOLAS	[redacted]
Reviewing Officer:		
Approving Officer:	RICHMOND, SGT MICHA	[redacted]

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
18034748 / 1	MELCHIONNA, SGT. NICOLE [redacted]	LIEUTENANT	APPROVED

INCIDENT #18034748 DATA
As Of 08/05/2018 14:31:48

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
ASSIST HOUSING AUTHORITY	STOCKTON CIR	

DATE/TIME REPORTED	DATE/TIME OCCURRED
07/31/2018 12:48:07	On or about 07/31/2018 12:48

INCIDENT TYPE(S)/OFFENSE(S)
(37097)ASSIST OTHER AGENCY
(37082)BUILDING CHECK

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
REPORTING PERSON	[redacted]					(HOME)
	ADDRESS [redacted]					(CELL) [redacted]
PROPERTY OWNER	DYKSTRA, LEONARD KYLE LESWICK	MALE	WHITE	55	02/10/1963	(HOME)
	ADDRESS: 1207 STOCKTON CIRCLE 4 LINDEN, NJ					(CELL) [redacted]

[NO OFFENDERS]

[NO VEHICLES]

[NO PROPERTY]

OFFICER REPORT: 18034748 - 1 / MELCHIONNA, SGT. NICOLE (286)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
07/31/2018 14:19:45	INCIDENT	APPROVED

NARRATIVE

On 7/31/18 I responded to 1207-4 Stockton Circle to assist the housing inspector [redacted]. While on scene [redacted] made contact with the homeowner, Leonard Dykstra to address a complaint of housing violations on the property. [redacted] ected the exterior of the residence and advised

Note(s)

Note Type	Entered By	User ID
CALL-TKR	07/27/2018 23:47:07	v09piro
Narrative Description		
roommates live upstairs fighting in the living room //		

Note Type	Entered By	User ID
CALL-TKR	07/27/2018 23:47:07	v09piro
Narrative Description		
Added by Update-and-Continue: More information to follow.		

Note Type	Entered By	User ID
AG DOC	07/27/2018 23:47:07	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
COURT DOC	07/27/2018 23:47:07	auto
Narrative Description		

Note Type	Entered By	User ID
CALL-TKR	07/27/2018 23:47:40	v09piro
Narrative Description		
[redacted] -- caller states she no longer hears noise in the living room// shared living room		

Note Type	Entered By	User ID
CALL-TKR	07/27/2018 23:48:18	v09piro
Narrative Description		
believes other people in the house were arguing [redacted]		

Officers and Units

CAD Units			
Agency Name	Unit ID	[redacted]	Officer Name
LIN-PD	701		SCANLON, OFF. NICHOLAS
LIN-PD	705		RIZZO, OFF. MICHAEL
LIN-PD	705		BONILLA, MICHELLE
LIN-PD	718		RICHMOND, SGT MICHA

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
701	RESP	23:49:25	N		v09piro
705	RESP	23:49:26	N		v09piro
718	RESP	23:57:26	N		v09vesc
718	ONLOC	23:57:27	N		v09vesc
701	CLEAR	00:02:45	Y		v09vesc
705	CLEAR	00:02:48	Y		v09vesc
718	CLEAR	00:02:51	Y		v09vesc

Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(RPT) REPORT NEEDED	Y		SCANLON, OFF. NICHOLAS

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
18038622 / 1	BONILLA, MICHELLE [redacted]	OFFICER	APPROVED

INCIDENT #18038622 DATA

As Of 08/30/2018 09:39:04

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
HARASSMENT	STOCKTON CIR	

DATE/TIME REPORTED	DATE/TIME OCCURRED
08/24/2018 14:53:42	On or about 08/24/2018 14:53

INCIDENT TYPE(S)/OFFENSE(S)
(2C:33-4)HARASSMENT

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
VICTIM	VASQUEZ, JACKLYN	FEMALE	WHITE	37	05/25/1981	(HOM[redacted]
	ADDRESS [redacted]					(CELL)

OFFENDERS

STATUS	NAME	SEX	RACE	AGE	DOB	PHONE
SUSPECT	DYKSTRA, LEONARD KYLE LESWICK	MALE	WHITE	55	02/10/1963	(HOME)
	ADDRESS: 1207 STOCKTON CIRCLE 4 LINDEN, NJ					(CELL[redacted]

[NO VEHICLES]

[NO PROPERTY]

OFFICER REPORT: 18038622 - 1 / BONILLA, MICHELLE (909506)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
08/24/2018 15:42:20	INCIDENT	APPROVED

NARRATIVE

Date: 08/24/2018 Time: 1453 hours

While on patrol in marked unit 701, myself and additional units were dispatched to 1207-3 Stockton Cir. on a report of threats.

Upon arrival, I spoke to Jacklyn Vasquez who stated her neighbor, Lenny Dykstra has been harassing her. She stated she just moved to the residence approximate a month ago and has been doing landscape work in the backyard. She stated she cut off multiple vine bushes that was in her property however, Lenny has approached her regarding the bushes stating those were his. She stated Lenny told her he was going to put up a fence and wanted her to pay $500.00 for it. Jacklyn refused to pay for the fence.

Jacklyn stated today (8/24/2018) between 2PM - 230PM; while in the backyard Lenny approached her and told her instead of paying $500 for the fence to pay $100. Jacklyn stated she refused which caused Lenny to become irate and stated "if you don't pay, I'll bring hell to your door". She stated she felt threatened by his comment and wanted a report on file.

I advised Jacklyn to contact LPD if she continues to have issues and was provided a case card. Jacklyn was advised on proper complaint procedures.

I made contact with Lenny who stated he spoke to Jacklyn and asked her to pay for the fence. Lenny stated the bushes were on his property therefore he felt Jacklyn should pay for the fence for cutting down the bushes. When asked, Lenny stated he didn't threaten Jacklyn. However, Lenny stated Jacklyn said "fuck you" to him when he asked her for $100.00. I advised Lenny to no longer make contact with Jacklyn and to solve any issues through proper court procedures. Lenny was advised proper complaint procedures and was advised a report will be on file.

While speaking to both parties, I noticed the area where Jacklyn states the bushes were. I advised both parties to contact City Hall if they have further questions regarding their property line.

BWC

REPORT OFFICERS

Reporting Officer:	BONILLA, MICHELLE	[redacted]
Reviewing Officer:		
Approving Officer:	BIRCH, SGT. JOSEPH;	[redacted]

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #18037751

Incident Information			
Incident #	**Incident Date**		**Call Taker**
18037751	07/31/2018 12:48:07		v09berm
Incident Type	**Description**		**Priority**
400 OTHR PD	HOUSING INSPECTOR		3
Ems Level / **Alarm Level**	**Modified By**		**Modified Date**
			07/31/2018 12:59:48

Event Information			
Municipality		**Business Name**	
1 LINDEN			
Fire Box		**RA**	
21		151	
Correct Location			
STOCKTON CIR			
Street #	**Street Name**	**Apartment #**	**Cross Street**
	STOCKTON CIR		
Near	**Landmarks**	**Additional**	
OFF N STILES BY BEECHWOOD RD	ADDRESSES #1207-1 THRU #1207-5	SEGMENT ADDRESSES RANGE FROM 12071 TO 12075	

Reporting Person		
RP Name	**RP Phone**	**How Received**
[redacted]	[redacted]	
RP Address	**Closed By**	**Date Closed**
	v09pard	07/31/2018 13:16:17

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	OTHR PD

Officers and Units

CAD Units			
Agency Name	Unit ID	Personnel Id	Officer Name
LIN-PD	718	[redacted]	MELCHIONNA, SGT. NICOLE

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
718	RESP	12:59:48	N		v09wood
718	ONLOC	12:59:53	N		v09wood
718	CLEAR	13:16:17	Y		v09pard

Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(RPT) REPORT NEEDED	Y		MELCHIONNA, SGT. NICOLE

Leonard to remove all the debris by 08/03/18.

BWC

REPORT OFFICERS

Reporting Officer:	MELCHIONNA, SGT. NICOLE	[redacted]
Reviewing Officer:		
Approving Officer:	BARA, LT. ANDREW;	[redacted]

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #18041899

Incident Information			
Incident #		**Incident Date**	**Call Taker**
18041899		08/24/2018 14:53:42	v09mato
Incident Type		**Description**	**Priority**
253 THREATS		NEIGHBOR	5
Ems Level	**Alarm Level**	**Modified By**	**Modified Date**
			08/24/2018 15:01:09

Event Information			
Municipality		**Business Name**	
1 LINDEN			
Fire Box		**RA**	
21		151	
Correct Location			
STOCKTON CIR			
Street #	**Street Name**	**Apartment #**	**Cross Street**
	STOCKTON CIR		
Near	**Landmarks**	**Additional**	
OFF N STILES BY BEECHWOOD RD	ADDRESSES #1207-1 THRU #1207-5	SEGMENT ADDRESSES RANGE FROM 12071 TO 12075	

Reporting Person			
RP Name		**RP Phone**	**How Received**
JAQUELINE VASQUEZ		[redacted]	TELE
RP Address		**Closed By**	**Date Closed**
		v09pard	08/24/2018 15:30:28

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	THREATS

Note(s)

Note Type	Entered By	User ID
CALL-TKR	08/24/2018 14:56:29	v09mato
Narrative Description		
if they dont pay the $100 for his fence he will bring hell to their door Lenny Dikstra		

Officers and Units

CAD Units

Agency Name	Unit ID	Personnel Id	Officer Name
LIN-PD	701	[redacted]	BONILLA, MICHELLE
LIN-PD	702		VIEGA-CANO, OFF. SONIA;
LIN-PD	703		APPELLO III, JOSEPH

Unit Statuses

CAD Units

Unit ID	Status	Date/Time	Avail?	Location	Disp ID
702	RESP	15:01:09	N		v09mato
701	RESP	15:01:56	N		v09mato
703	RESP	15:01:56	N		v09mato
701	ONLOC	15:04:28	N		v09pard
702	ONLOC	15:04:43	N		v09pard
701	RESP	15:04:49	N		v09pard
701	ONLOC	15:05:30	N		v09pard
703	ONLOC	15:18:38	N		v09mato
703	CLEAR	15:30:00	Y		v09pard
702	CLEAR	15:30:26	Y		v09pard
701	CLEAR	15:30:28	Y		v09pard

Dispositions

Dispositions

Type	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(RPT) REPORT NEEDED	Y		BONILLA, MICHELLE

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
18039571 / 1	MATUSAWICZ, OFF. ANTHONY; [redacted]	OFFICER	APPROVED

INCIDENT #18039571 DATA

As Of 09/01/2018 03:31:55

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
LANDLORD/TENANT DISPUTE	STOCKTON CIR	

DATE/TIME REPORTED	DATE/TIME OCCURRED
08/31/2018 17:25:23	On or about 08/31/2018 17:25

INCIDENT TYPE(S)/OFFENSE(S)

(24011)LANDLORD/TENANT PROBLEMS OR DISPUTES

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
INVOLVED PARTY	DYKSTRA, LEONARD KYLE LESWICK **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE	WHITE	55	02/10/1963	(HOME) (CELL) [redacted]
PARENT	MARCANO, AWILDA **ADDRESS:** 350 S WOOD AVE LINDEN, NJ	FEMALE	WHITE	44	11/27/1973	(HOME) (CELL)
REPORTING PERSON	MARCANO, KRISTAL K **ADDRESS:** 1207 STOCKTON AVE 4 LINDEN, NJ	FEMALE	WHITE	21	04/04/1997	(HOME) [redacted] (CELL)
PARENT	MARCANO, EDWIN **ADDRESS:** 350 S WOOD AVE LINDEN, NJ	MALE	WHITE	48	04/27/1970	(HOME) (CELL) [redacted]
INVOLVED PARTY	HILL, SHAUN PATRICK **ADDRESS:** 90 HORNSBY FORDS, NJ	MALE	WHITE	51	05/22/1967	(HOME) (CELL) [redacted]
INVOLVED PARTY	STOFFONE, DANE **ADDRESS:** 1207 STOCKTON AVE 4 LINDEN, NJ	MALE	WHITE	29	11/07/1988	(HOME) (CELL) [redacted]

[NO OFFENDERS]

[NO VEHICLES]

[NO PROPERTY]

OFFICER REPORT: 18039571 - 1 / MATUSAWICZ, OFF. ANTHONY; (909337)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
08/31/2018 20:56:18	INCIDENT	APPROVED

NARRATIVE

On August 31, 2018 at approximately 1725 hours while in marked unit #701, I was dispatched to 1207 Stockton Cir unit 4 on a report of a landlord/ tenant dispute.

Upon arrival, we met with the caller/tenant identified as Kristal Marcano, who was accompanied by her parents , Awilda and Edwin Marcano. Kristal stated that her landlord, Lenny Dykstra, told her that she had to move out today by 1700 hours. While Kristal was packing up her belongings Lenny was yelling and screaming at Kristal because she was not moved out by the said time. Kristal stated that she will be moved out by midnight today.

I spoke with Lenny who stated he didn't have an argument with Kristal and he told her that she had to be out of the house by 1200 hours on this date. Lenny continued to state that Kristal didn't comply so he gave her until 1700 hours once she didn't have anything moved out by that time he got into a verbal argument with Kristal. I advised Lenny that he had to let Kristal stay in the residence for the time being until he goes to Elizabeth to start the eviction process through the courts. Lenny advised me that he has several of the rooms rented out inside of the single family home. There was a plumber (Shaun Hill) and another tenant (Dane Stoffone) on scene and they did not observe any disagreement.

Both parties were advised on proper civil procedures.

BWC

REPORT OFFICERS

Reporting Officer:	MATUSAWICZ, OFF. ANTHONY;	[redacted]
Reviewing Officer:		
Approving Officer:	RIVERA, SGT. JOSEPH	[redacted]

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
18039264 / 1	LACOSTA, T/O ANTONIO [redacted]	SERGEANT	APPROVED

INCIDENT #18039264 DATA

As Of 08/29/2018 15:34:00

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
LANDLORD/TENANT	1207 STOCKTON CIR	4

DATE/TIME REPORTED	DATE/TIME OCCURRED
08/29/2018 14:57:18	On or about 08/29/2018 14:57

INCIDENT TYPE(S)/OFFENSE(S)

(24011)LANDLORD/TENANT PROBLEMS OR DISPUTES

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
REPORTING PERSON	MARCANO, KRISTAL K **ADDRESS:** 1207 STOCKTON AVE 4 LINDEN, NJ	FEMALE	WHITE	21	04/04/1997	(HOME [redacted] (CELL [redacted]
INVOLVED PARTY	DYKSTRA, LEONARD KYLE LESWICK **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE	WHITE	55	02/10/1963	(HOME) (CEL [redacted]

[NO OFFENDERS]

[NO VEHICLES]

[NO PROPERTY]

OFFICER REPORT: 18039264 - 1 / LACOSTA, T/O ANTONIO (8830)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
08/29/2018 15:34:59	INCIDENT	APPROVED

NARRATIVE

On August 29th, 2018 at 1457 hours, while assigned to the Main Desk, I spoke with Kristal Marcano, who stated her landlord (Lenny Dykstra) is harassing her. Kristal continued to state, on August 25th, 2018, Lenny began to call and text her stating he will raise the rent from $750 to $1000 beginning September 1st. Once Kristal complained about the rent being

raised, she was told by Lenny she will need to move out by September 1st. She also stated, she has attempted to find another apartment with negative results.

Kristal was informed of the landlord/tenant complaint procedure.

REPORT OFFICERS

Reporting Officer:	LACOSTA, T/O ANTONIO	[redacted]
Reviewing Officer:		
Approving Officer:	CATALINE, SGT. MICHAEL	[redacted]

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #18042583

Incident Information			
Incident #		**Incident Date**	**Call Taker**
18042583		08/29/2018 14:57:18	v09wils
Incident Type		**Description**	**Priority**
242 DISPUTE		1207	5
Ems Level	**Alarm Level**	**Modified By**	**Modified Date**
			08/29/2018 14:58:51

Event Information	
Municipality	**Business Name**
1 LINDEN	
Fire Box	**RA**
21	151
Correct Location	
STOCKTON CIR #4	

Street #	**Street Name**	**Apartment #**	**Cross Street**
	STOCKTON CIR	4	

Near	**Landmarks**	**Additional**
OFF N STILES BY BEECHWOOD RD	ADDRESSES #1207-1 THRU #1207-5	SEGMENT ADDRESSES RANGE FROM 12071 TO 12075

Reporting Person		
RP Name	**RP Phone**	**How Received**
RP Address	**Closed By**	**Date Closed**
	v09wils	08/29/2018 14:58:55

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	DISPUTE

Note(s)

Note Type	Entered By	User ID
CALL-TKR	08/29/2018 14:58:33	v09wils
Narrative Description		
landlord/tenent		
Note Type	Entered By	User ID
CLOSED	08/29/2018 14:58:55	v09wils
Narrative Description		
INCIDENT CLOSED		

Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(RPT) REPORT NEEDED	Y		LACOSTA, T/O ANTONIO

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #18042904

Incident Information			
Incident #		**Incident Date**	**Call Taker**
18042904		08/31/2018 17:25:23	v09pard
Incident Type		**Description**	**Priority**
242 DISPUTE			5
Ems Level	**Alarm Level**	**Modified By**	**Modified Date**
		v09pard	08/31/2018 17:30:38

Event Information	
Municipality	**Business Name**
1 LINDEN	
Fire Box	**RA**
21	151
Correct Location	
STOCKTON CIR	

Street #	**Street Name**	**Apartment #**	**Cross Street**
	STOCKTON CIR		

Near	**Landmarks**	**Additional**
OFF N STILES BY BEECHWOOD RD	ADDRESSES #1207-1 THRU #1207-5	SEGMENT ADDRESSES RANGE FROM 12071 TO 12075

Reporting Person		
RP Name	**RP Phone**	**How Received**
KRISTAL	[redacted]	
RP Address	**Closed By**	**Date Closed**
	v09safn	08/31/2018 17:56:32

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	DISPUTE

Note(s)

Note Type	Entered By	User ID
CALL-TKR	08/31/2018 17:27:33	v09pard
Narrative Description		
1207-4 // upstairs room // caller stated that the landlord is on drugs		
Note Type	Entered By	User ID
CALL-TKR	08/31/2018 17:27:55	v09pard
Narrative Description		
lenny dekstra		

Officers and Units

CAD Units			
Agency Name	Unit ID	Personnel Id	Officer Name
LIN-PD	701	[redacted]	MATUSAWICZ, OFF. ANTHONY;
LIN-PD	702		BONILLA, MICHELLE
LIN-PD	703		DIAZ, MIKAEL
LIN-PD	703		RALDA, OFFICER CARLOS

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
701	RESP	17:30:38	N		v09pard
702	RESP	17:31:01	N		v09pard
702	ONLOC	17:31:10	N		v09pard
701	RESP	17:31:13	N		v09pard
702	RESP	17:31:15	N		v09pard
703	RESP	17:31:21	N		v09pard
701	ONLOC	17:38:44	N		v09payn
702	ONLOC	17:38:46	N		v09payn
701	CLEAR	17:56:28	Y		v09safn
702	CLEAR	17:56:30	Y		v09safn
703	CLEAR	17:56:32	Y		v09safn

Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(RPT) REPORT NEEDED	Y		MATUSAWICZ, OFF. ANTHONY;

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
18041372 / 1	HEMENWAY, OFF. DANIEL [redacted]	DETECTIVE	APPROVED

INCIDENT #18041372 DATA

As Of 09/13/2018 14:45:19

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
OVERDOSE	1207-4 STOCKTON CIR	

DATE/TIME REPORTED	DATE/TIME OCCURRED
09/12/2018 23:14:30	On or about 09/12/2018 23:14

INCIDENT TYPE(S)/OFFENSE(S)

(37014)SICK CALL: MEDICAL [redacted]

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
PROPERTY OWNER	DYKSTRA, LEONARD KYLE LESWICK **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE	WHITE	55	02/10/1963	(HOME) [redacted]
INVOLVED PARTY	ALBANESE, ANTHONY R **ADDRESS:** 7 BURLINGTON COURT TOMS RIVER, NJ	MALE	WHITE	51	12/20/1966	(HOME) [redacted]
INVOLVED PARTY	HAMDI, MOHAMED **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE		30	07/13/1988	(HOME) [redacted]
INVOLVED PARTY	DORMAND, EDWARD S **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE	WHITE	49	12/03/1968	(HOME) [redacted]
INVOLVED PARTY	HILL, SHAUN PATRICK **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE	WHITE	51	05/22/1967	(HOME) [redacted]

[NO OFFENDERS]

[NO VEHICLES]

PROPERTY

CLASS	DESCRIPTION	MAKE	MODEL	SERIAL #	VALUE
DRUGS/NARCOTICS	8 PARTIALLY CRUSHED ORANGE SUSPECTED ADD	SUSPECTED ADERALL			1

OFFICER REPORT: 18041372 - 1 / HEMENWAY, OFF. DANIEL; (909336)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
09/13/2018 00:10:26	INCIDENT	APPROVED

NARRATIVE

On September 12, 2018 at approximately 2314 hours Ofc Mutz and myself were in Unit 702 when we responded to 1207-4 Stockton Circle on a report of a male [redacted]

Upon our arrival, we were directed by Edward Dormand and Shaun Hill to a bedroom on the first floor where we found Anthony Albanese [redacted]

and a short time later Linden Fire Department arrived [redacted] that Hill and Dormand picked him up from the train station and brought him to the house. Paramedics arrived and after assessing Albanese, he was transported to Rahway Hospital.

[redacted]

Dormand explained that when he and Hill had realized that Albanese was [redacted] upstairs tenant Mohamed Hamdi called 911 and Dormand took the phone and spoke to dispatch. Hamdi explained he rents a room one night a week. Dormand and Hill explained they each rent rooms from the homeowner, Leonard Dykstra.

[redacted]

evidence. They were placed in locker 27 on September 13, 2018 at 0145 hours, witnessed by Lt. Bachmann.

Pictures of the residence, room and items found in the garbage can were taken and uploaded to evidence.com.

[redacted]ompleted and sent to all proper parties[redacted]

An email was sent to the Linden Board of Health to notify them of tenants renting rooms in a single family home.

Burn Request on file.

BWC

REPORT OFFICERS

Reporting Officer:	HEMENWAY, OFF. DANIEL;	909336
Reviewing Officer:		
Approving Officer:	RICHMOND, SGT MICHA	7678

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #18044832

Incident Information			
Incident #		**Incident Date**	**Call Taker**
18044832		09/12/2018 23:14:30	v09piro
Incident Type		**Description**	**Priority**
426 MED EMER		50 YR M	1
Ems Level	**Alarm Level**	**Modified By**	**Modified Date**
	1	v09piro	09/12/2018 23:17:36

Event Information	
Municipality	**Business Name**
1 LINDEN	
Fire Box	**RA**

Correct Location			
1207-4 STOCKTON CIR			
Street #	**Street Name**	**Apartment #**	**Cross Street**
1207-4	STOCKTON CIR		

Near	Landmarks	Additional

Reporting Person		
RP Name	**RP Phone**	**How Received**
	[redacted]	911
RP Address	**Closed By**	**Date Closed**
	v09piro	09/13/2018 00:01:58

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	MED EMER
POLICE	MED EMER

Note(s)

Note Type	Entered By	User ID
CALL-TKR	09/12/2018 23:15:39	v09piro
Narrative Description		
[redacted]		

Note Type	Entered By	User ID
PAST INC	09/12/2018 23:15:53	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
AG DOC	09/12/2018 23:15:53	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
COURT DOC	09/12/2018 23:15:53	auto
Narrative Description		

Note Type	Entered By	User ID
LOC CHG	09/12/2018 23:16:44	v09piro
Narrative Description		
FROM: (1) 1207 STOCKTON CIR TO (1) 1207-4 STOCKTON CIR		

Note Type	Entered By	User ID
PAST INC	09/12/2018 23:16:58	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
AG DOC	09/12/2018 23:16:58	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
COURT DOC	09/12/2018 23:16:58	auto
Narrative Description		

Note Type	Entered By	User ID
INFO	09/12/2018 23:17:36	v09vesc
Narrative Description		
medics notified		

Note Type	Entered By	User ID
INFO	09/12/2018 23:24:48	v09piro
Narrative Description		
[redacted]		

Note Type	Entered By	User ID
VOID	09/12/2018 23:25:28	v09piro
Narrative Description		
REQUEST FOR FIRE/RESCUE: BLS VOIDED		

Note Type	Entered By	User ID
INFO	09/12/2018 23:26:06	v09piro
Narrative Description		
medic 10 on scene		

Officers and Units

CAD Units

Agency Name	Unit ID	Personnel Id	Officer Name
LIN-PD	701	[redacted]	SMITH, ROBERT
LIN-PD	702		HEMENWAY, OFF. DANIEL;
LIN-PD	702		MUTZ, OFFICER MICHAEL
LIN-PD	703		CONDORA, JOHN
LIN-PD	703		MIKOLAJCZYK, MICHAEL
LIN-PD	718		DAMATTA, SGT. MATTHEW
LIN-FD	L52		BRAXTON JOSEPH
LIN-FD	L52		ODEM COURTNEY
LIN-FD	L62		PRINCIPATO, ANTHONY

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
701	RESP	23:17:36	N		v09piro
702	RESP	23:17:36	N		v09piro
702	ONLOC	23:19:00	N		v09piro
703	RESP	23:19:03	N		v09piro
703	ONLOC	23:19:08	N		v09cha1
701	ONLOC	23:21:54	N		v09piro
718	RESP	23:24:54	N		v09cha1
718	ONLOC	23:24:58	N		v09cha1
703	CLEAR	23:53:31	Y		v09cha1
702	CLEAR	23:53:33	Y		v09cha1
701	CLEAR	23:53:37	Y		v09cha1
718	CLEAR	23:54:26	Y		v09piro

Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
FIRE/RESCUE	(SER) SERVICED			BROSE JUSTIN
POLICE	(RPT) REPORT NEEDED	Y		HEMENWAY, OFF. DANIEL;

REPORT OFFICERS

Reporting Officer:	SCANLON, OFF. NICHOLAS	[redacted]
Reviewing Officer:		
Approving Officer:	RICHMOND, SGT MICHA	[redacted]

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
18045876 / 1	SCANLON, OFF. NICHOLAS [redacted]	OFFICER	APPROVED

INCIDENT #18045876 DATA

As Of 10/17/2018 13:14:10

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
MUN ORD	1207-4 STOCKTON CIR	

DATE/TIME REPORTED	DATE/TIME OCCURRED
10/12/2018 22:36:47	On or about 10/12/2018 22:36

INCIDENT TYPE(S)/OFFENSE(S)
(ORD 3-2.1)NOISE PROHIBITED

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
INVOLVED PARTY	DYKSTRA, LEONARD KYLE LESWICK **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE	WHITE	55	02/10/1963	(HOME) [redacted]

[NO OFFENDERS]

[NO VEHICLES]

[NO PROPERTY]

OFFICER REPORT: 18045876 - 1 / SCANLON, OFF. NICHOLAS (909085)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
10/13/2018 04:04:17	INCIDENT	APPROVED

NARRATIVE

On 10/13/2018 while on patrol in marked Unit 701, I was dispatched to 1207-B Stockton Circle on the report of a loud noise complaint.

Upon my arrival I made contact with the home owner (Lenny Dykstra). I advised Lenny there was a complaint of loud noise but I was unable to hear any noise coming from his residence. Lenny stated that he had just hung a picture inside on the wall and that may of been what his neighbors heard. Lenny stated he will not be making any noise the rest of the night.

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #18049668

Incident Information			
Incident #	**Incident Date**		**Call Taker**
18049668	10/12/2018 22:36:47		v09batt
Incident Type	**Description**		**Priority**
132 MUN ORD	SOME SORT OF CONSTRUCTION		9
Ems Level / **Alarm Level**	**Modified By**		**Modified Date**
			10/12/2018 22:39:03

Event Information	
Municipality	**Business Name**
1 LINDEN	
Fire Box	**RA**
21	151
Correct Location	
1207-4 STOCKTON CIR	

Street #	**Street Name**	**Apartment #**	**Cross Street**
1207-4	STOCKTON CIR		

Near	**Landmarks**	**Additional**
OFF N STILES BY BEECHWOOD RD	ADDRESSES #1207-1 THRU #1207-5	SEGMENT ADDRESSES RANGE FROM 12071 TO 12075

Reporting Person		
RP Name	**RP Phone**	**How Received**
	[redacted]	
RP Address	**Closed By**	**Date Closed**
	v09batt	10/12/2018 22:52:06

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	MUN ORD

Note(s)

Note Type	Entered By	User ID
NOTICE	10/12/2018 22:38:23	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		
Note Type	Entered By	User ID
PAST INC	10/12/2018 22:38:23	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		
Note Type	Entered By	User ID
AG DOC	10/12/2018 22:38:23	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		
Note Type	Entered By	User ID
COURT DOC	10/12/2018 22:38:23	auto
Narrative Description		

Officers and Units

CAD Units			
Agency Name	Unit ID	Personnel Id	Officer Name
LIN-PD	701	[redacted]	SCANLON, OFF. NICHOLAS
LIN-PD	702		SMITH, ROBERT

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
701	RESP	22:39:03	N		v09batt
702	RESP	22:39:03	N		v09batt
702	ONLOC	22:42:09	N		v09batt
701	ONLOC	22:43:41	N		v09batt
702	CLEAR	22:52:04	Y		v09batt
701	CLEAR	22:52:06	Y		v09batt

Dispositions

Dispositions				
Type	**Disposition**	**Incident Report?**	**Accident Report?**	**Due By**
POLICE	(RPT) REPORT NEEDED	Y		SCANLON, OFF. NICHOLAS

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
18049291 / 1	PEREIRA, PAULINA ([redacted]	OFFICER	APPROVED

INCIDENT #18049291 DATA

As Of 11/05/2018 00:17:05

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
DISPUTE / THEFT	1207-4 STOCKTON CIR	

DATE/TIME REPORTED	DATE/TIME OCCURRED
11/03/2018 12:18:09	On or about 11/03/2018 12:18

INCIDENT TYPE(S)/OFFENSE(S)

(2C:20-9.5)THEFT - FROM BUILDING - OVER $200

(24011)LANDLORD/TENANT PROBLEMS OR DISPUTES

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
PROPERTY OWNER	DYKSTRA, LEONARD KYLE LESWICK **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE	WHITE	55	02/10/1963	(HOME) ([redacted]
VICTIM	TAMBASCIA, RAYMOND **ADDRESS** [redacted]	MALE	WHITE	48	05/21/1970	(HOME) ([redacted]
INVOLVED PARTY	HAMDI, MOHAMED **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE		30	07/13/1988	(HOME) ([redacted]

OFFENDERS

STATUS	NAME	SEX	RACE	AGE	DOB	PHONE
SUSPECT	DYKSTRA, LEONARD KYLE LESWICK **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE	WHITE	55	02/10/1963	(HOM[redacted] (CE[redacted]

[NO VEHICLES]

PROPERTY

CLASS	DESCRIPTION	MAKE	MODEL	SERIAL #	VALUE
HOUSEHOLD GOODS	DRESSER	UNK	UNK		500

PURSES/HANDBAGS/WALLETS	BROWN BREIF CASE	UNK	UNK	500

OFFICER REPORT: 18049291 - 1 / PEREIRA, PAULINA (909505)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
11/03/2018 12:53:16	INCIDENT	APPROVED

NARRATIVE

On 11/03/2018 at approximately 1218 hours while on patrol in marked unit #708 (responding as #701), I was dispatched to 1207-4 Stockton Cir. on a report of an unwanted guest.

While in route, I was advised by central dispatch that they received a call from a homeowner identified as Leonard Dyksta, who was on his way to South Dakota. Leonard claimed that his ex tenant is in the house breaking things and destroying the house. Leonard also claimed that the tenant still has the keys to enter the house.

Upon arrival, with several other units, I met with Raymond Tambascia. Raymond stated that he never told Leonard that he was moving out, however, he went to California for a few days. Raymond stated that while he was in California, Leonard removed some of his belongings and placed them in the shed. Raymond further stated that he paid for his rent about twenty days ago and his payments are up to date. Raymond also stated that he's paying cash for his rent and never received a receipt for it.

An area check of the residence was conducted for any damage with negative results.

Nothing further to report at this time.

BWC

REPORT OFFICERS

Reporting Officer:	PEREIRA, PAULINA	[redacted]
Reviewing Officer:		
Approving Officer:	MELCHIONNA, SGT. NICOLE	[redacted]

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #18053297

Incident Information			
Incident #		**Incident Date**	**Call Taker**
18053297		11/03/2018 12:18:09	v09slov
Incident Type		**Description**	**Priority**
413 SUS EVNT			3
Ems Level	**Alarm Level**	**Modified By**	**Modified Date**
		v09pard	11/03/2018 12:30:55

Event Information	
Municipality	**Business Name**
1 LINDEN	
Fire Box	**RA**
21	151
Correct Location	
12074 STOCKTON CIR	

Street #	**Street Name**	**Apartment #**	**Cross Street**
12074	STOCKTON CIR		

Near	**Landmarks**	**Additional**
OFF N STILES BY BEECHWOOD RD	ADDRESSES #1207-1 THRU #1207-5	SEGMENT ADDRESSES RANGE FROM 12071 TO 12075

Reporting Person		
RP Name	**RP Phone**	**How Received**
LENY DYKSTRA	[redacted]	
RP Address	**Closed By**	**Date Closed**
	v09scpu	11/03/2018 12:46:26

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	SUS EVNT

Note(s)

Note Type	Entered By	User ID
CALL-TKR	11/03/2018 12:20:22	v09slov
Narrative Description		
EX RENTER RAY IS ON PREMISE AND ISN'T SUPPOSE TO BE. HOMEOWNER IS ON HIS WAY TO S DAKOTA.		
Note Type	Entered By	User ID
NOTICE	11/03/2018 12:20:24	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		
Note Type	Entered By	User ID
PAST INC	11/03/2018 12:20:24	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		
Note Type	Entered By	User ID
AG DOC	11/03/2018 12:20:24	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		
Note Type	Entered By	User ID
COURT DOC	11/03/2018 12:20:24	auto
Narrative Description		
Note Type	Entered By	User ID
CALL-TKR	11/03/2018 12:28:41	v09pard
Narrative Description		
open door in the rear		
Note Type	Entered By	User ID
CALL-TKR	11/03/2018 12:30:55	v09pard
Narrative Description		
707 opening front door		

Officers and Units

CAD Units			
Agency Name	Unit ID	Personnel Id	Officer Name
LIN-PD	700	[redacted]	HAMMER, INV. PETER;
LIN-PD	701		PEREIRA, PAULINA
LIN-PD	702		VIEGA-CANO, OFF. SONIA;
LIN-PD	703		SCOTT, RYAN
LIN-PD	704		ELIAS, OFF. ROSHON;
LIN-PD	706		HESTON, RALPH
LIN-PD	707		ARAQUE, DANIEL

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
701	RESP	12:22:03	N		v09slov
703	RESP	12:22:03	N		v09slov
706	RESP	12:22:03	N		v09slov
702	RESP	12:22:45	N		v09slov
704	RESP	12:23:26	N		v09slov
706	CLEAR	12:23:29	Y		v09slov
701	ONLOC	12:25:01	N		v09slov
703	ONLOC	12:26:21	N		v09pard
707	RESP	12:28:21	N		v09slov
707	ONLOC	12:28:29	N		v09slov
700	RESP	12:29:11	N		v09slov
700	ONLOC	12:29:18	N		v09slov
702	ONLOC	12:33:25	N		v09slov
707	CLEAR	12:37:14	Y		v09slov
702	CLEAR	12:40:42	Y		v09sepu
703	CLEAR	12:46:11	Y		v09sepu
704	CLEAR	12:46:13	Y		v09sepu
701	CLEAR	12:46:16	Y		v09sepu
700	CLEAR	12:46:26	Y		v09sepu

Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(RPT) REPORT NEEDED	Y		PEREIRA, PAULINA

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
18049501 / 1	MATUSAWICZ, OFF. ANTHONY; [redacted]	OFFICER	APPROVED

INCIDENT #18049501 DATA

As Of 11/05/2018 00:14:20

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
LANDLORD/TENANT DISPUTE	1207-4 STOCKTON CIR	

DATE/TIME REPORTED	DATE/TIME OCCURRED
11/04/2018 18:35:00	On or about 11/04/2018 18:35

INCIDENT TYPE(S)/OFFENSE(S)

(24011)LANDLORD/TENANT PROBLEMS OR DISPUTES

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
INVOLVED PARTY	CASOLINO, RYAN J **ADDRESS:** 1207 STOCKTON CIR LINDEN, NJ	MALE	WHITE	27	09/16/1991	(HOME) (CEL[redacted]
INVOLVED PARTY	TAMBASCIA, RAYMOND **ADDRESS:** 520 CENTRAL AVE LINDEN, NJ	MALE	WHITE	48	05/21/1970	(HOME) (CELL[redacted]
INVOLVED PARTY	DYKSTRA, LEONARD KYLE LESWICK **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE	WHITE	55	02/10/1963	(HOME) (CEL[redacted]

[NO OFFENDERS]

[NO VEHICLES]

[NO PROPERTY]

OFFICER REPORT: 18049501 - 1 / MATUSAWICZ, OFF. ANTHONY; (909337)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
11/04/2018 19:18:33	INCIDENT	APPROVED

NARRATIVE

On November 4, 2018, at approximately 1853 hours, while on patrol in marked unit #709 (responding as #701), I was dispatched to 1207-4 Stockton Cir. on a report of an unwanted guest.

I was advised by central dispatch that they received a call from the homeowner, identified as Leonard Dykstra, who was currently in South Dakota. Leonard is claming that one of his tenants, Raymond Tambascia, was evicted two weeks ago and is threatening him.

Upon arrival with Officer K. Stanicki, we met with Ryan Casolino, who is one of the tenants at the home. I asked Ryan if he was ever threatened by Raymond and he replied "no".

I then spoke with Raymond, and asked him if he threatened anyone, especially Leonard, and he replied "no". I also asked him if he was going to harm anyone and he replied "no". I then asked him if he received any eviction notices and he replied that he did not.

I advised Raymond a report would be on file documenting Leonard's claims.

BWC

REPORT OFFICERS

Reporting Officer:	MATUSAWICZ, OFF. ANTHONY;	[redacted]
Reviewing Officer:		
Approving Officer:	RIVERA, SGT. JOSEPH	[redacted]

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #18053513

Incident Information			
Incident #		**Incident Date**	**Call Taker**
18053513		11/04/2018 18:35:00	v09batt
Incident Type		**Description**	**Priority**
240 DIS PERS			5
Ems Level	**Alarm Level**	**Modified By**	**Modified Date**
			11/04/2018 18:39:27

Event Information	
Municipality	**Business Name**
1 LINDEN	
Fire Box	**RA**
21	151
Correct Location	
1207-4 STOCKTON CIR FL 2ND	

Street #	**Street Name**	**Apartment #**	**Cross Street**
1207-4	STOCKTON CIR		

Near	**Landmarks**	**Additional**
OFF N STILES BY BEECHWOOD RD	ADDRESSES #1207-1 THRU #1207-5	SEGMENT ADDRESSES RANGE FROM 12071 TO 12075

Reporting Person		
RP Name	**RP Phone**	**How Received**
LENNY	[redacted]	
RP Address	**Closed By**	**Date Closed**
	v09batt	11/04/2018 19:08:38

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	DIS PERS

Note(s)

Note Type	Entered By	User ID
CALL-TKR	11/04/2018 18:38:25	v09batt
Narrative Description		
[redacted]		

Note Type	Entered By	User ID
NOTICE	11/04/2018 18:38:45	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		

Note Type	Entered By	User ID
PAST INC	11/04/2018 18:38:45	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
AG DOC	11/04/2018 18:38:45	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
COURT DOC	11/04/2018 18:38:45	auto
Narrative Description		

Note Type	Entered By	User ID
INFO	11/04/2018 18:40:29	v09batt
Narrative Description		
per 701 landlord does not have paperwork that Ray is evicted		

Officers and Units

CAD Units

Agency Name	Unit ID	Personnel Id	Officer Name
LIN-PD	701	[redacted]	MATUSAWICZ, OFF. ANTHONY;
LIN-PD	702	[redacted]	STANICKI, KEVIN OFF.
LIN-PD	705	[redacted]	GARRISON, OFF JAMES

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
702	RESP	18:39:27	N		v09batt
705	RESP	18:39:27	N		v09batt
705	CLEAR	18:40:01	Y		v09batt
701	RESP	18:40:09	N		v09batt
702	ONLOC	18:44:29	N		v09safn
701	ONLOC	18:50:31	N		v09batt
701	CLEAR	19:08:36	Y		v09batt
702	CLEAR	19:08:38	Y		v09batt

Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(RPT) REPORT NEEDED	Y		MATUSAWICZ, OFF. ANTHONY;

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
18050576 / 1	BONILLA, MICHELLE [redacted]	OFFICER	APPROVED

INCIDENT #18050576 DATA

As Of 11/11/2018 21:06:43

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
DISPUTE	1207-4 STOCKTON CIR	

DATE/TIME REPORTED	DATE/TIME OCCURRED
11/11/2018 16:32:30	On or about 11/11/2018 16:32

INCIDENT TYPE(S)/OFFENSE(S)

(24011)LANDLORD/TENANT PROBLEMS OR DISPUTES

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
INVOLVED PARTY	DYKSTRA, LEONARD KYLE LESWICK **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE	WHITE	55	02/10/1963	(HOME) (CELL) [redacted]
INVOLVED PARTY	TAMBASCIA, RAYMOND **ADDRESS:** 12074 STOCKTON CIRCLE LINDEN, NJ	MALE	WHITE	48	05/21/1970	(HOME) (CELL) [redacted]

[NO OFFENDERS]

[NO VEHICLES]

[NO PROPERTY]

OFFICER REPORT: 18050576 - 1 / BONILLA, MICHELLE (909506)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
11/11/2018 21:06:44	INCIDENT	APPROVED

NARRATIVE

Date: 11/11/2018 Time: 1632 hours

While on patrol in marked unit 701, I was dispatched to 1207-4 Stockton Cir. on a report of an unwanted guest.

Upon arrival, I spoke to Lenny Dykstra who stated Raymond Tambascia's (tenant) month to month lease ended in the beginning of the month. Lenny advised Raymond via email that he will no longer wish renew the lease. Lenny stated he wanted Raymond removed from the residence.

I spoke to Raymond who stated he left to California for a few days. When he returned, he found his belongings moved to the shed. Raymond stated he had a month to month lease with Lenny and has been up to date with his payments. Prior to our arrival, Raymond came to an agreement with Lenny that he would pay for a two week period instead of a full month. He stated Lenny agreed and recieved the cash payment of $150 for two weeks instead of the $900 for the month. Lenny told him he still owed Lenny money from previous damages (see report 18049291) which ensued a disagreement. After speaking to Raymond, he stated he will leave the residence for the evening to avoid further issues.

Lenny was advised on proper eviction procedures, however refused to comprehend our explanations.

Both parties were advised civil complaint procedures.

Raymond left the area without further incident.

BWC

REPORT OFFICERS

Reporting Officer:	BONILLA, MICHELLE	[redacted]
Reviewing Officer:		
Approving Officer:	BIRCH, SGT. JOSEPH;	[redacted]

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #18054658

Incident Information			
Incident #		**Incident Date**	**Call Taker**
18054658		11/11/2018 16:32:30	v09pard
Incident Type		**Description**	**Priority**
252 TRESPASS			5
Ems Level	**Alarm Level**	**Modified By**	**Modified Date**
		v09pard	11/11/2018 16:55:50

Event Information	
Municipality	**Business Name**
1 LINDEN	
Fire Box	**RA**
21	151
Correct Location	
1207-4 STOCKTON CIR	

Street #	**Street Name**	**Apartment #**	**Cross Street**
1207-4	STOCKTON CIR		

Near	**Landmarks**	**Additional**
OFF N STILES BY BEECHWOOD RD	ADDRESSES #1207-1 THRU #1207-5	SEGMENT ADDRESSES RANGE FROM 12071 TO 12075

Reporting Person		
RP Name	**RP Phone**	**How Received**
LENNY	[redacted]	
RP Address	**Closed By**	**Date Closed**
	v09pard	11/11/2018 17:18:23

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	TRESPASS

Note(s)

Note Type	Entered By	User ID
NOTICE	11/11/2018 16:34:23	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		
Note Type	Entered By	User ID
PAST INC	11/11/2018 16:34:23	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		
Note Type	Entered By	User ID
AG DOC	11/11/2018 16:34:23	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		
Note Type	Entered By	User ID
COURT DOC	11/11/2018 16:34:23	auto
Narrative Description		
Note Type	Entered By	User ID
CALL-TKR	11/11/2018 16:34:58	v09pard
Narrative Description		
intoxicated male inside the house and wont leave does not belong there		
Note Type	Entered By	User ID
LOC CHG	11/11/2018 16:35:52	v09palm
Narrative Description		
FROM: (1) 12074 STOCKTON CIR TO (1) 1207-4 STOCKTON CIR		
Note Type	Entered By	User ID
NOTICE	11/11/2018 16:36:06	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		
Note Type	Entered By	User ID
PAST INC	11/11/2018 16:36:06	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		
Note Type	Entered By	User ID
AG DOC	11/11/2018 16:36:06	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
COURT DOC	11/11/2018 16:36:06	auto
Narrative Description		

Note Type	Entered By	User ID
CALL-TKR	11/11/2018 16:55:50	v09pard
Narrative Description		
eta on cab 20 min		

Officers and Units

CAD Units			
Agency Name	Unit ID	Personnel ID	Officer Name
LIN-PD	701	[redacted]	BONILLA, MICHELLE
LIN-PD	702		VIEGA-CANO, OFF. SONIA;
LIN-PD	703		MELE, OFF. DOMINICK
LIN-PD	704		ARAQUE, DANIEL

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
701	RESP	16:35:41	N		v09pard
702	RESP	16:35:41	N		v09pard
703	RESP	16:35:41	N		v09pard
703	ONLOC	16:40:26	N		v09pard
702	ONLOC	16:42:49	N		v09pard
704	RESP	16:43:50	N		v09pard
701	ONLOC	16:43:53	N		v09pard
704	ONLOC	16:43:57	N		v09pard
704	CLEAR	16:44:29	Y		v09pard
701	CLEAR	17:18:22	Y		v09pard
702	CLEAR	17:18:22	Y		v09pard
703	CLEAR	17:18:23	Y		v09pard

Dispositions

Dispositions				
Type	**Disposition**	**Incident Report?**	**Accident Report?**	**Due By**
POLICE	(RPT) REPORT NEEDED	Y		BONILLA, MICHELLE

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
18050715 / 1	PEREIRA, PAULINA [redacted]	OFFICER	APPROVED

INCIDENT #18050715 DATA

As Of 11/17/2018 08:15:11

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
DISPUTE	1207 STOCKTON CIRCLE	

DATE/TIME REPORTED	DATE/TIME OCCURRED
11/12/2018 12:24:08	On or about 11/12/2018 12:24

INCIDENT TYPE(S)/OFFENSE(S)

(24011)LANDLORD/TENANT PROBLEMS OR DISPUTES

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
INVOLVED PARTY	TAMBASCIA, RAYMOND	MALE	WHITE	48	05/21/1970	(HOME)
	ADDRESS: 12074 STOCKTON CIRCLE LINDEN, NJ					(CELL [redacted]
PROPERTY OWNER	DYKSTRA, LEONARD KYLE LESWICK	MALE	WHITE	55	02/10/1963	(HOME)
	ADDRESS: 1207 STOCKTON CIRCLE 4 LINDEN, NJ					(CEL [redacted]

[NO OFFENDERS]

[NO VEHICLES]

[NO PROPERTY]

OFFICER REPORT: 18050715 - 1 / PEREIRA, PAULINA (909505)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
11/12/2018 14:00:32	INCIDENT	APPROVED

NARRATIVE

On 11/12/2018 at approximately 1224 hours while on patrol in marked unit #701, I was dispatched to 1207 Stockton Circle on a report of a request for assistance.

Upon arrival, I met with Raymond Tambascia. Raymond stated that his

landlord, Leonard Dykstra, changed the lock on the door and he was unable to get inside to retrieve his belongings. I then spoke with Leonard, who stated that he has no problem with Raymond coming inside the house to gather his stuff. Leonard then opened the front door for Raymond. After gathering his belongings, Raymond left the area without an incident. Leonard was advised on proper eviction procedures and informed that he can't change the locks before the eviction process is completed. Nothing further to report at this time.

BWC

REPORT OFFICERS

Reporting Officer:	PEREIRA, PAULINA	[redacted]
Reviewing Officer:		
Approving Officer:	BARA, LT. ANDREW;	[redacted]

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #18054802

Incident Information			
Incident #		**Incident Date**	**Call Taker**
18054802		11/12/2018 12:24:08	v09sepu
Incident Type		**Description**	**Priority**
403 REQ ASSISTANCE		1207 - 4	5
Ems Level	**Alarm Level**	**Modified By**	**Modified Date**
		v09slov	11/12/2018 12:36:34

Event Information	
Municipality	**Business Name**
1 LINDEN	
Fire Box	**RA**
21	151

Correct Location			
1207 STOCKTON CIRCLE			
Street #	**Street Name**	**Apartment #**	**Cross Street**
1207	STOCKTON CIRCLE		

Near	Landmarks	Additional
OFF N STILES BY BEECHWOOD RD	ADDRESSES #1207-1 THRU #1207-5	SEGMENT ADDRESSES RANGE FROM 12071 TO 12075

Reporting Person		
RP Name	**RP Phone**	**How Received**
BROTHER RAY	[redacted]	
RP Address	**Closed By**	**Date Closed**
	v09sepu	11/12/2018 12:45:32

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	REQ ASSISTANCE

Note(s)

Note Type	Entered By	User ID
NOTICE	11/12/2018 12:28:07	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		

Note Type	Entered By	User ID
PAST INC	11/12/2018 12:28:07	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
AG DOC	11/12/2018 12:28:07	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
COURT DOC	11/12/2018 12:28:07	auto
Narrative Description		

Note Type	Entered By	User ID
LOC CHG	11/12/2018 12:30:48	v09slov
Narrative Description		
FROM: (1) 12074 STOCKTON CIR TO (1) 1207 STOCKTON CIR #4		

Note Type	Entered By	User ID
NOTICE	11/12/2018 12:31:21	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		

Note Type	Entered By	User ID
PAST INC	11/12/2018 12:31:21	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
AG DOC	11/12/2018 12:31:21	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
COURT DOC	11/12/2018 12:31:21	auto
Narrative Description		

Note Type	Entered By	User ID
LOC CHG	11/12/2018 12:33:52	v09slov
Narrative Description		
FROM: (1) 1207 STOCKTON CIR #4 TO (1) 1207 STOCKTON CIR		

Note Type	Entered By	User ID
NOTICE	11/12/2018 12:34:03	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		

Note Type	Entered By	User ID
PAST INC	11/12/2018 12:34:03	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
AG DOC	11/12/2018 12:34:03	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
COURT DOC	11/12/2018 12:34:03	auto
Narrative Description		

Note Type	Entered By	User ID
LOC CHG	11/12/2018 12:34:18	v09slov
Narrative Description		
FROM: (1) 1207 STOCKTON CIR TO (1) 1207 STOCKTON CIR FL 4		

Note Type	Entered By	User ID
NOTICE	11/12/2018 12:34:26	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		

Note Type	Entered By	User ID
PAST INC	11/12/2018 12:34:26	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
AG DOC	11/12/2018 12:34:26	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
COURT DOC	11/12/2018 12:34:26	auto
Narrative Description		

Note Type	Entered By	User ID
LOC CHG	11/12/2018 12:34:37	v09slov
Narrative Description		
FROM: (1) 1207 STOCKTON CIR FL 4 TO (1) 1207 STOCKTON CIR #4		

Note Type	Entered By	User ID
NOTICE	11/12/2018 12:34:52	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		

Note Type	Entered By	User ID
PAST INC	11/12/2018 12:34:52	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
AG DOC	11/12/2018 12:34:52	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
COURT DOC	11/12/2018 12:34:52	auto
Narrative Description		

Note Type	Entered By	User ID
LOC CHG	11/12/2018 12:36:00	v09slov
Narrative Description		
FROM: (1) 1207 STOCKTON CIR #4 TO (1) 1207 STOCKTON CIRCLE 4		

Note Type	Entered By	User ID
NOTICE	11/12/2018 12:36:01	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		

Note Type	Entered By	User ID
COURT DOC	11/12/2018 12:36:01	auto
Narrative Description		

Note Type	Entered By	User ID
LOC CHG	11/12/2018 12:36:34	v09slov
Narrative Description		
FROM: (1) 1207 STOCKTON CIRCLE 4 TO (1) 1207 STOCKTON CIRCLE		

Note Type	Entered By	User ID
NOTICE	11/12/2018 12:36:47	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		

Note Type	Entered By	User ID
COURT DOC	11/12/2018 12:36:47	auto
Narrative Description		

Officers and Units

CAD Units

Agency Name	Unit ID	Personnel Id	Officer Name
LIN-PD	701	[redacted]	PEREIRA, PAULINA
LIN-PD	705		MATLOSZ, TOMASZ

Unit Statuses

CAD Units

Unit ID	Status	Date/Time	Avail?	Location	Disp ID
701	RESP	12:33:25	N		v09slov
705	RESP	12:33:25	N		v09slov
701	ONLOC	12:37:44	N		v09sepu
705	CLEAR	12:45:31	Y		v09sepu
701	CLEAR	12:45:32	Y		v09sepu

Dispositions

Dispositions

Type	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(RPT) REPORT NEEDED	Y		PEREIRA, PAULINA

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
18054019 / 1	SCANLON, OFF. NICHOLAS [redacted]	OFFICER	APPROVED

INCIDENT #18054019 DATA

As Of 12/04/2018 13:05:21

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
NOISE COMPLAINT	1207 STOCKTON CIRCLE	4

DATE/TIME REPORTED	DATE/TIME OCCURRED
11/30/2018 23:15:10	On or about 11/30/2018 23:15

INCIDENT TYPE(S)/OFFENSE(S)
(ORD 3-2.1)NOISE PROHIBITED

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
PROPERTY OWNER	DYKSTRA, LEONARD KYLE LESWICK **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE	WHITE	55	02/10/1963	(HOME) (CE[redacted]
INVOLVED PARTY	SCOFFONE, DANE **ADDRESS:** 1207 STOCKTON CIR 4 2ND FL LINDEN, NJ	MALE	WHITE	30	11/07/1988	(HOME) (CELL[redacted]
INVOLVED PARTY	MOHAMED, HAMDI **ADDRESS:** 1207 STOCKSTON CIRCLE 4 LINDEN, NJ	MALE	ASIAN/PACIFIC ISLANDER	30	01/13/1988	(HOME) ([redacted]
INVOLVED PARTY	BRITTINGHAM, ERIK CHRIST **ADDRESS:** 1207 STOCKSTON CIRCLE 4 LINDEN, NJ	MALE	WHITE	57	06/27/1961	(HOME) ([redacted]

[NO OFFENDERS]

[NO VEHICLES]

[NO PROPERTY]

OFFICER REPORT: 18054019 - 1 / SCANLON, OFF. NICHOLAS (909085)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
12/01/2018 01:39:06	INCIDENT	APPROVED

NARRATIVE

On 11/30/2018 while on patrol in marked Unit 701, I was dispatched to 1207 Stockton Circle on the report of a noise complaint.

Central Dispatch advised the caller on this matter wished to remain anonymous. This residence is known to me to be owned by Lenny Dykstra.

Upon my arrival I spoke with Hamdi Mohamed, who stated that he rents a bedroom on the second floor. I advised Hamdi that we received a complaint of a loud noise coming from the residence. Hamdi stated that he has not heard any noise, nor was he making any noise. Hamdi stated that the property owner (Lenny Dykstra) left a few moments prior to my arrival.

I then spoke with another individual identified as Dane Scoffone, who also rents a bedroom on the second floor. Dane stated that prior to my arrival, he was putting together a new bed frame and that may of been what the noise was.

At this time, a third individual identified as Erik Brittingham entered the residence. While speaking with him he stated that he was about to move into another bedroom at this residence, but was unaware of any noise prior to my arrival due to him not being there.

REPORT OFFICERS

Reporting Officer:	SCANLON, OFF. NICHOLAS	[redacted]
Reviewing Officer:		
Approving Officer:	RICHMOND, SGT MICHA	[redacted]

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #18058287

Incident Information			
Incident #	**Incident Date**	**Call Taker**	
18058287	11/30/2018 23:15:10	v09piro	
Incident Type	**Description**	**Priority**	
132 MUN ORD	LOUD NOISE	9	
Ems Level / **Alarm Level**	**Modified By**	**Modified Date**	
	v09piro	11/30/2018 23:29:48	

Event Information	
Municipality	**Business Name**
1 LINDEN	
Fire Box	**RA**

Correct Location			
1207 STOCKTON CIRCLE #4 FL 2ND			
Street #	**Street Name**	**Apartment #**	**Cross Street**
1207	STOCKTON CIRCLE	4	

Near	**Landmarks**	**Additional**

Reporting Person		
RP Name	**RP Phone**	**How Received**
WISHES TO REMAIN ANONYMOU	[redacted]	TELE
RP Address	**Closed By**	**Date Closed**
[redacted]	v09safn	11/30/2018 23:51:36

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	MUN ORD

Note(s)

Note Type	Entered By	User ID
CALL-TKR	11/30/2018 23:16:33	v09piro
Narrative Description		
caller wishes to remain anonymous[redacted]		
Note Type	Entered By	User ID
PAST INC	11/30/2018 23:16:47	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIRCLE		
Note Type	Entered By	User ID
COURT DOC	11/30/2018 23:16:47	auto
Narrative Description		
Note Type	Entered By	User ID
LOC CHG	11/30/2018 23:17:25	v09piro
Narrative Description		
FROM: (1) 1207-4 STOCKTON CIRCLE FL 2ND TO (1) 1207 STOCKTON CIRCLE FL 2ND		
Note Type	Entered By	User ID
CALL-TKR	11/30/2018 23:17:25	v09piro
Narrative Description		
1207-4		
Note Type	Entered By	User ID
PAST INC	11/30/2018 23:17:27	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIRCLE		
Note Type	Entered By	User ID
COURT DOC	11/30/2018 23:17:27	auto
Narrative Description		
Note Type	Entered By	User ID
LOC CHG	11/30/2018 23:18:11	v09piro
Narrative Description		
FROM: (1) 1207 STOCKTON CIRCLE FL 2ND TO (1) 1207 STOCKTON CIRCLE #4 FL 2ND		
Note Type	Entered By	User ID
PAST INC	11/30/2018 23:18:28	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIRCLE		

Note Type	Entered By	User ID
COURT DOC	11/30/2018 23:18:28	auto
Narrative Description		

Note Type	Entered By	User ID
INFO	11/30/2018 23:20:25	v09piro
Narrative Description		
believes that the male above on the 2nd fl (scoffone, dane) has a warrant and has been giving officers the run around		

Officers and Units

CAD Units			
Agency Name	Unit ID	Personnel Id	Officer Name
LIN-PD	701	[redacted]	SCANLON, OFF. NICHOLAS
LIN-PD	704		CISTARO, MICHAEL
LIN-PD	704		MACK, EDWARD

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
701	RESP	23:29:48	N		v09piro
704	RESP	23:29:48	N		v09piro
701	ONLOC	23:32:12	N		v09piro
704	CLEAR	23:51:34	Y		v09safn
701	CLEAR	23:51:36	Y		v09safn

Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(RPT) REPORT NEEDED	Y		SCANLON, OFF. NICHOLAS

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
18054315 / 1	SCANLON, OFF. NICHOLAS [redacted]	OFFICER	APPROVED

INCIDENT #18054315 DATA

As Of 01/02/2019 08:10:48

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
NOISE COMPLAINT	1207-4 STOCKTON CIRCLE	

DATE/TIME REPORTED	DATE/TIME OCCURRED
12/03/2018 02:48:41	On or about 12/03/2018 02:48

INCIDENT TYPE(S)/OFFENSE(S)
(ORD 3-2.1)NOISE PROHIBITED

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
INVOLVED PARTY	DYKSTRA, LEONARD KYLE LESWICK	MALE	WHITE	55	02/10/1963	(HOME)
	ADDRESS: 1207 STOCKTON CIRCLE 4 LINDEN, NJ					([redacted])

[NO OFFENDERS]

VEHICLES

ROLE	TYPE	YEAR	MAKE	MODEL	COLOR	REG #	STATE
OTHER		2000	FOR	EXC	BLU	C44KAH	NJ

STOLEN $	REC CODE	DATE REC	REC $	REC BY

[NO PROPERTY]

OFFICER REPORT: 18054315 - 1 / SCANLON, OFF. NICHOLAS (909085)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
12/03/2018 03:24:37	INCIDENT	APPROVED

NARRATIVE

On 12/3/2018 while on patrol in marked Unit 701, I was dispatched to 1207-4 Stockton Circle on the report of a noise complaint.

Upon my arrival I made contact with the home owner, identified as Lenny Dykstra. While speaking with Lenny, he stated he was removing garbage out of his bakyard. I advised Lenny that due to the late hours he was disturbing his neighbors with all the noise he created while throwing the garbage into the driveway.

Lenny stated that he was going to stop for the night and resume in the morning hours.

REPORT OFFICERS

Reporting Officer:	SCANLON, OFF. NICHOLAS	[redacted]
Reviewing Officer:		
Approving Officer:	RICHMOND, SGT MICHA	[redacted]

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #18058593

Incident Information			
Incident #	**Incident Date**	**Call Taker**	
18058593	12/03/2018 02:48:41	v09piro	
Incident Type	**Description**	**Priority**	
132 MUN ORD		9	
Ems Level	**Alarm Level**	**Modified By**	**Modified Date**
		v09piro	12/03/2018 02:53:50

Event Information	
Municipality	**Business Name**
1 LINDEN	
Fire Box	**RA**

Correct Location			
1207-4 STOCKTON CIRCLE			
Street #	**Street Name**	**Apartment #**	**Cross Street**
1207-4	STOCKTON CIRCLE		

Near	**Landmarks**	**Additional**

Reporting Person		
RP Name	**RP Phone**	**How Received**
	[redacted]	
RP Address	**Closed By**	**Date Closed**
	v09piro	12/03/2018 02:56:04

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	MUN ORD

Note(s)

Note Type	Entered By	User ID
CALL-TKR	12/03/2018 02:49:25	v09piro
Narrative Description		
making noise outside / slamming things outside the residence		
Note Type	Entered By	User ID
PAST INC	12/03/2018 02:49:30	auto
Narrative Description		
THERE ARE 2 PAST INCIDENTS AT 1207 STOCKTON CIRCLE		
Note Type	Entered By	User ID
COURT DOC	12/03/2018 02:49:30	auto
Narrative Description		
Note Type	Entered By	User ID
LOC CHG	12/03/2018 02:53:50	v09piro
Narrative Description		
FROM: (1) 1207 STOCKTON CIRCLE TO (1) 1207-4 STOCKTON CIRCLE		
Note Type	Entered By	User ID
PAST INC	12/03/2018 02:54:00	auto
Narrative Description		
THERE ARE 2 PAST INCIDENTS AT 1207 STOCKTON CIRCLE		
Note Type	Entered By	User ID
COURT DOC	12/03/2018 02:54:00	auto
Narrative Description		

Officers and Units

CAD Units			
Agency Name	Unit ID	Personnel Id	Officer Name
LIN-PD	701	[redacted]	SCANLON, OFF. NICHOLAS
LIN-PD	703	[redacted]	MIKOLAJCZYK, MICHAEL

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
701	RESP	02:53:31	N		v09piro
703	RESP	02:53:31	N		v09piro
701	ONLOC	02:53:34	N		v09piro
703	ONLOC	02:53:55	N		v09piro
701	CLEAR	02:56:02	Y		v09piro
703	CLEAR	02:56:04	Y		v09piro

Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(RPT) REPORT NEEDED	Y		SCANLON, OFF. NICHOLAS

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
19001607 / 1	MERCADO, OFFICER MARIA [redacted]	OFFICER	APPROVED

INCIDENT #19001607 DATA

As Of 01/10/2019 13:02:22

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
ASSIST OTHER AGENCY	12071 STOCKTON CIR	

DATE/TIME REPORTED	DATE/TIME OCCURRED
01/10/2019 09:44:01	On or about 01/10/2019 09:44

INCIDENT TYPE(S)/OFFENSE(S)
(37097)ASSIST OTHER AGENCY

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
INVOLVED PARTY	IMBRIACO, GREGORY **ADDRESS** [redacted]	MALE	WHITE	61	12/11/1957	(HOME) (CELL) [redacted]
INVOLVED PARTY	TAYLOR, ANTONIO **ADDRESS** [redacted]	MALE	BLACK	27	09/27/1991	(HOME) [redacted] (CELL)
INVOLVED PARTY	KUSHNER, JIM **ADDRESS:** [redacted]	MALE	WHITE	59	07/14/1959	(HOME) (CELL)
INVOLVED PARTY	CETRONI, AL **ADDRESS** [redacted]			71	03/27/1947	(HOME) [redacted] (CELL)
INVOLVED PARTY	STANLEY, DANIEL T **ADDRESS** [redacted]	MALE	WHITE	49	12/04/1969	(HOME) [redacted] (CELL)
PROPERTY OWNER	DYKSTRA, LEONARD KYLE LESWICK **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE	WHITE	55	02/10/1963	(HOME) (CELL) [redacted]

[NO OFFENDERS]

[NO VEHICLES]

[NO PROPERTY]

OFFICER REPORT: 19001607 - 1 / MERCADO, OFFICER MARIA [redacted]

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
01/10/2019 13:02:18	INCIDENT	APPROVED

NARRATIVE

01/10/2019

While on patrol in marked Unit 701, I responded to 12071 Stockton Circle, to assist another agency.

Upon arrival, I met with Gregory Imbriaco (Health Dept.), Antonio Taylor (Health Dept.), Jim Kushner (Zoning Enforcement), Al Cetroni (Zoning Enforcement), and Daniel Stanley (Fire Inspector). Imbriaco stated that they needed to conduct a walk through of Leonard Dykstra's home. Dykstra is believed to be running an illegal boarding home and the Health Department is conducting an investigation.

Dykstra was cooperative and allowed us entry into his home without incident.

REPORT OFFICERS

Reporting Officer:	MERCADO, OFFICER MARIA	[redacted]
Reviewing Officer:		
Approving Officer:	LORDI, SGT. ANTHONY;	[redacted]

LINDEN POLICE DEPARTMENT

LINDEN, NJ

CAD Incident Report #19001696

Incident Information			
Incident #		**Incident Date**	**Call Taker**
19001696		01/10/2019 09:44:01	v09wils
Incident Type		**Description**	**Priority**
462 ASSIST AGENCY			2
Ems Level	**Alarm Level**	**Modified By**	**Modified Date**
			01/10/2019 09:45:09

Event Information			
Municipality		**Business Name**	
I LINDEN			
Fire Box		**RA**	
21		151	
Correct Location			
12071 STOCKTON CIR			
Street #	**Street Name**	**Apartment #**	**Cross Street**
12071	STOCKTON CIR		

Near	**Landmarks**	**Additional**
OFF N STILES BY BEECHWOOD RD	ADDRESSES #1207-1 THRU #1207-5	SEGMENT ADDRESSES RANGE FROM 12071 TO 12075

Reporting Person		
RP Name	**RP Phone**	**How Received**
RP Address	**Closed By**	**Date Closed**
	v09wils	01/10/2019 10:30:00

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	ASSIST AGENCY

Note(s)

Note Type	Entered By	User ID
NOTICE	01/10/2019 09:45:10	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		
Note Type	Entered By	User ID
PAST INC	01/10/2019 09:45:10	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		
Note Type	Entered By	User ID
AG DOC	01/10/2019 09:45:10	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		
Note Type	Entered By	User ID
COURT DOC	01/10/2019 09:45:10	auto
Narrative Description		

Officers and Units

CAD Units			
Agency Name	Unit ID	Personnel Id	Officer Name
LIN-PD	701	[redacted]	MERCADO, OFFICER MARIA

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
701	RESP	09:45:09	N		v09wils
701	ONLOC	09:50:37	N		v09wils
701	CLEAR	10:30:00	Y		v09wils

Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(RPT) REPORT NEEDED	Y		MERCADO, OFFICER MARIA

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
19003679 / 1	MATUSAWICZ, OFF. ANTHONY; (909337)	OFFICER	APPROVED

INCIDENT #19003679 DATA

As Of 01/21/2019 23:11:11

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
PRESERVE THE PEACE	1207-4 STOCKTON CIR	

DATE/TIME REPORTED	DATE/TIME OCCURRED
01/21/2019 17:47:03	On or about 01/21/2019 17:47

INCIDENT TYPE(S)/OFFENSE(S)
(37083)PRESERVE THE PEACE

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
INVOLVED PARTY	TAMBASCIA, RAYMOND **ADDRESS:** 12074 STOCKTON CIRCLE LINDEN, NJ	MALE	WHITE	48	05/21/1970	(HOME) (CEL[redacted]
PROPERTY OWNER	DYKSTRA, LEONARD KYLE LESWICK **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE	WHITE	55	02/10/1963	(HOME) (CEL[redacted]

[NO OFFENDERS]

[NO VEHICLES]

[NO PROPERTY]

OFFICER REPORT: 19003679 - 1 / MATUSAWICZ, OFF. ANTHONY; (909337)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
01/21/2019 18:36:24	INCIDENT	APPROVED

NARRATIVE

On January 21, 2018, at approximately 1747 hours, while on patrol in marked unit #701, I was dispatched to 1207-4 Stockton Cir. on a report of preserving the peace.

Upon my arrival I spoke to Raymond Tambascia who stated he needed to collect some of his personel belongings. Raymond was not able to collect his things due to no one answering the door and he longer has keys to the residence. Raymond was advised to contact his landlord Leonard Dykstra to make arrangements to pick up his items at a later date and time.

BWC

REPORT OFFICERS

Reporting Officer:	MATUSAWICZ, OFF. ANTHONY;	[redacted]
Reviewing Officer:		
Approving Officer:	BIZUB, SGT. WILLIAM;	[redacted]

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #19003868

Incident Information

Incident #	Incident Date	Call Taker
19003868	01/21/2019 17:47:03	v09piro

Incident Type	Description	Priority
412 PEACE		5

Ems Level	Alarm Level	Modified By	Modified Date
			01/21/2019 17:48:00

Event Information

Municipality	Business Name
1 LINDEN	

Fire Box	RA

Correct Location
1207-4 STOCKTON CIR

Street #	Street Name	Apartment #	Cross Street
1207-4	STOCKTON CIR		

Near	Landmarks	Additional

Reporting Person

RP Name	RP Phone	How Received
RAY	[redacted]	TELE

RP Address	Closed By	Date Closed
GRY TOY TUNDRA	v09piro	01/21/2019 18:00:01

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	PEACE

Note(s)

Note Type	Entered By	User ID
PAST INC	01/21/2019 17:47:56	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		
Note Type	Entered By	User ID
AG DOC	01/21/2019 17:47:56	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		
Note Type	Entered By	User ID
COURT DOC	01/21/2019 17:47:56	auto
Narrative Description		

Officers and Units

CAD Units			
Agency Name	Unit ID	Personnel Id	Officer Name
LIN-PD	701	[redacted]	MATUSAWICZ, OFF. ANTHONY;
LIN-PD	702		OLIVEIRA-MENDES, DANIEL

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
701	RESP	17:48:00	N		v09piro
702	RESP	17:48:00	N		v09piro
702	ONLOC	17:51:57	N		v09piro
701	ONLOC	17:52:32	N		v09piro
701	ONLOC	17:59:56	N		v09piro
701	CLEAR	17:59:58	Y		v09piro
702	CLEAR	18:00:01	Y		v09piro

Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(RPT) REPORT NEEDED	Y		MATUSAWICZ, OFF. ANTHONY;

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
19003880 / 1	OLIVEIRA-MENDES, DANIEL [redacted]	OFFICER	APPROVED

INCIDENT #19003880 DATA

As Of 01/23/2019 02:11:36

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
PRESERVE THE PEACE	12074 STOCKTON CIR	

DATE/TIME REPORTED	DATE/TIME OCCURRED
01/22/2019 19:54:23	On or about 01/22/2019 19:54

INCIDENT TYPE(S)/OFFENSE(S)
(37083)PRESERVE THE PEACE

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
INVOLVED PARTY	DYKSTRA, LEONARD KYLE LESWICK **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE	WHITE	55	02/10/1963	(HOME) (CEL [redacted]
INVOLVED PARTY	TAMBASCIA, RAYMOND **ADDRESS:** 520 CENTRAL AVE PLAINFIELD, NJ	MALE	WHITE	48	05/21/1970	(HOME) (CEL [redacted]

[NO OFFENDERS]

[NO VEHICLES]

[NO PROPERTY]

OFFICER REPORT: 19003880 - 1 / OLIVEIRA-MENDES, DANIEL (909390)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
01/22/2019 21:30:13	INCIDENT	APPROVED

NARRATIVE

01/22/2019

While on patrol in marked unit 702 with Officer Bonilla we were dispatched to 1207 Stockton Circle on a report to preserve the peace.

Upon my arrival, I spoke to Raymond Tambascia who stated he needed to collect some remaining items from the aforementioned residence.

We then spoke with the landlord, Leonard Dykstra, who stated that Raymond does not have any of his items inside the residence. Leonard went on to state that Raymond was evicted approximately two months ago and has previously attempted to retrieve items on separate occasions.

Raymond was advised that his personal belongings are not here and was advised of proper civil complaint procedures. Raymond stated he wished to report the followings items that had been left behind:

LG 55 Inch TV
LG 32 Inch TV
Small Whirlpool Refrigerator
Miscellaneous Furniture Pieces
Apple Labtop
Dell Labtop
Multiple Pair of Shoes

BWC

REPORT OFFICERS

Reporting Officer:	OLIVEIRA-MENDES, DANIEL	[redacted]
Reviewing Officer:		
Approving Officer:	ORDONEZ, LT. IVAN	[redacted]

LINDEN POLICE DEPARTMENT
LINDEN, NJ

CAD Incident Report #19004088

Incident Information			
Incident #		**Incident Date**	**Call Taker**
19004088		01/22/2019 19:54:23	v09payn
Incident Type		**Description**	**Priority**
412 PEACE			5
Ems Level	**Alarm Level**	**Modified By**	**Modified Date**
		v09batt	01/22/2019 20:47:41

Event Information	
Municipality	**Business Name**
1 LINDEN	
Fire Box	**RA**
21	151
Correct Location	
12074 STOCKTON CIR	

Street #	**Street Name**	**Apartment #**	**Cross Street**
12074	STOCKTON CIR		

Near	**Landmarks**	**Additional**
OFF N STILES BY BEECHWOOD RD	ADDRESSES #1207-1 THRU #1207-5	SEGMENT ADDRESSES RANGE FROM 12071 TO 12075

Reporting Person		
RP Name	**RP Phone**	**How Received**
	[redacted]	
RP Address	**Closed By**	**Date Closed**
	v09safn	01/22/2019 21:10:20

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	PEACE

Note(s)

Note Type	Entered By	User ID
CALL-TKR	01/22/2019 19:55:20	v09payn
Narrative Description		
needs to retrieve items from the house		
Note Type	Entered By	User ID
NOTICE	01/22/2019 19:55:23	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		
Note Type	Entered By	User ID
PAST INC	01/22/2019 19:55:23	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		
Note Type	Entered By	User ID
AG DOC	01/22/2019 19:55:23	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		
Note Type	Entered By	User ID
COURT DOC	01/22/2019 19:55:23	auto
Narrative Description		
Note Type	Entered By	User ID
LOC CHG	01/22/2019 20:00:53	v09batt
Narrative Description		
FROM: (1) 12071 STOCKTON CIR TO (1) 12074 STOCKTON CIR		
Note Type	Entered By	User ID
NOTICE	01/22/2019 20:01:04	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		
Note Type	Entered By	User ID
PAST INC	01/22/2019 20:01:04	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		
Note Type	Entered By	User ID
AG DOC	01/22/2019 20:01:04	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
COURT DOC	01/22/2019 20:01:04	auto
Narrative Description		

Officers and Units

CAD Units			
Agency Name	Unit ID	Personnel Id	Officer Name
LIN-PD	702	[redacted]	OLIVEIRA-MENDES, DANIEL
LIN-PD	702		BONILLA, MICHELLE

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
702	RESP	20:47:41	N		v09payn
702	ONLOC	20:53:26	N		v09safn
702	CLEAR	21:10:20	Y		v09safn

Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(RPT) REPORT NEEDED	Y		OLIVEIRA-MENDES, DANIEL

LINDEN POLICE DEPARTMENT
LINDEN, NJ (908) 474-8500

INCIDENT # / REPORT #	OFFICER	RANK	REVIEW STATUS
19009295 / 1	AVILES, OFFICER JUAN [redacted]	OFFICER	APPROVED

INCIDENT #19009295 DATA

As Of 02/23/2019 07:02:51

BASIC INFORMATION

CASE TITLE	LOCATION	APT/UNIT #
SUSPICIOUS EVENT	12072 STOCKTON CIR	

DATE/TIME REPORTED	DATE/TIME OCCURRED
02/22/2019 13:53:13	On or about 02/22/2019 13:53

INCIDENT TYPE(S)/OFFENSE(S)
(37059)SUSPICIOUS EVENT

PERSONS

ROLE	NAME	SEX	RACE	AGE	DOB	PHONE
INVOLVED PARTY	DYKSTRA, LEONARD KYLE LESWICK **ADDRESS:** 1207 STOCKTON CIRCLE 4 LINDEN, NJ	MALE	WHITE	56	02/10/1963	(HOME) (CEL [redacted]

[NO OFFENDERS]

[NO VEHICLES]

[NO PROPERTY]

OFFICER REPORT: 19009295 - 1 / AVILES, OFFICER JUAN (909629)

DATE/TIME OF REPORT	TYPE OF REPORT	REVIEW STATUS
02/22/2019 16:49:09	INCIDENT	APPROVED

NARRATIVE

02/23/2019
1353 hrs

While on patrol in marked unit 701, I was dispatched to 1207 Stockton Circle(House #4) on a report of a suspicious event. The reporting person (anonymous) claimed there were multiple cars pulling up to this residence and people going in and out of the house. Upon arrival, I didn't observe any vehicles on the street other then one car parked. Ofc. Zaccaro and I made

contact with Lenny Dykstra, the owner of the residence. Lenny stated there were no cars coming and going, and there were no suspicious people coming and going. He stated his neighbor doesn't like him and calls the police for random reasons to get him in trouble, which made him believe they called about this. Nothing seemed suspicious at and around the residence.

*BWC

REPORT OFFICERS

Reporting Officer:	AVILES, OFFICER JUAN	[redacted]
Reviewing Officer:		
Approving Officer:	CATALINE, SGT. MICHAEL	[redacted]

LINDEN POLICE DEPARTMENT

LINDEN, NJ

CAD Incident Report #19009817

Incident Information				
Incident #		**Incident Date**	**Call Taker**	
19009817		02/22/2019 13:53:13	v09batt	
Incident Type		**Description**	**Priority**	
413 SUS EVNT			3	
Ems Level	**Alarm Level**	**Modified By**	**Modified Date**	
		v09batt	02/22/2019 14:21:53	

Event Information	
Municipality	**Business Name**
1 LINDEN	
Fire Box	**RA**
21	151

Correct Location			
12072 STOCKTON CIR			
Street #	**Street Name**	**Apartment #**	**Cross Street**
12072	STOCKTON CIR		

Near	Landmarks	Additional
OFF N STILES BY BEECHWOOD RD	ADDRESSES #1207-1 THRU #1207-5	SEGMENT ADDRESSES RANGE FROM 12071 TO 12075

Reporting Person		
RP Name	**RP Phone**	**How Received**
RP Address	**Closed By**	**Date Closed**
	v09mato	02/22/2019 14:31:45

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	
POLICE	SUS EVNT

Note(s)

Note Type	Entered By	User ID
CALL-TKR	02/22/2019 13:54:21	v09batt
Narrative Description		
Lenny Dikestra sus vehicles and sus peole going in and out his house		
Note Type	Entered By	User ID
LOC CHG	02/22/2019 13:54:57	v09batt
Narrative Description		
FROM: (1) STOCKTON CIR TO (1) 1207 STOCKTON CIR		
Note Type	Entered By	User ID
NOTICE	02/22/2019 13:55:13	auto
Narrative Description		
ADDRESS IS 1207-2... RESIDENT IS A MARGARET		
Note Type	Entered By	User ID
PAST INC	02/22/2019 13:55:13	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		
Note Type	Entered By	User ID
AG DOC	02/22/2019 13:55:13	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		
Note Type	Entered By	User ID
COURT DOC	02/22/2019 13:55:13	auto
Narrative Description		
Note Type	Entered By	User ID
TYPE CHG	02/22/2019 13:58:26	v09batt
Narrative Description		
FROM: SUSP VEH TO SUS EVNT		
Note Type	Entered By	User ID
TYPE CHG	02/22/2019 13:58:26	v09batt
Narrative Description		
POLICE FROM: SUSP VEH TO SUS EVNT		
Note Type	Entered By	User ID
LOC CHG	02/22/2019 14:21:27	v09batt
Narrative Description		
FROM: (1) 1207 STOCKTON CIR TO (1) 1207-2 STOCKTON CIR		

Note Type	Entered By	User ID
PAST INC	02/22/2019 14:21:35	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
AG DOC	02/22/2019 14:21:35	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
COURT DOC	02/22/2019 14:21:35	auto
Narrative Description		

Note Type	Entered By	User ID
LOC CHG	02/22/2019 14:21:45	v09batt
Narrative Description		
FROM: (1) 1207-2 STOCKTON CIR TO (1) 12072 STOCKTON CIR		

Note Type	Entered By	User ID
PAST INC	02/22/2019 14:22:01	auto
Narrative Description		
THERE IS 1 PAST INCIDENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
AG DOC	02/22/2019 14:22:01	auto
Narrative Description		
THERE IS 1 AGENCY DOCUMENT AT 1207 STOCKTON CIR		

Note Type	Entered By	User ID
COURT DOC	02/22/2019 14:22:01	auto
Narrative Description		

Officers and Units

CAD Units			
Agency Name	Unit ID	Personnel Id	Officer Name
LIN-PD	701	[redacted]	AVILES, OFFICER JUAN
LIN-PD	702		ZACCARO, RYAN

Unit Statuses

CAD Units					
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
701	RESP	14:07:18	N		v09batt
702	RESP	14:07:18	N		v09batt
701	CLEAR	14:31:43	Y		v09mato
702	CLEAR	14:31:45	Y		v09mato

Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(RPT) REPORT NEEDED	Y		AVILES, OFFICER JUAN

Karen Lukenda
President

City of Linden
Union County, New Jersey
BOARD OF HEALTH
605 South Wood Avenue
Linden, New Jersey 07036

NANCY KOBLIS
Health Officer
908-474-8409
Fax: 908-474-1836

HOUSING DEPARTMENT
908-474-8414

PUBLIC HEALTH NURSES
908-474-8420

MEMORANDUM

MEMO TO: **Joseph C. Bodek, City Clerk**

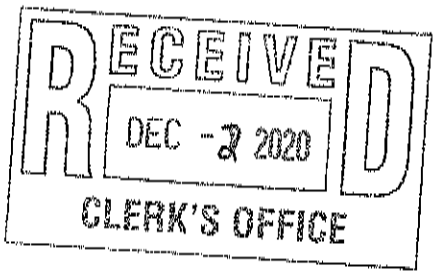
MEMO FROM: **Nancy Koblis, Health Officer**

DATE: **December 1, 2020**

RE: **OPRA Request: Resident (#2020-927)**

Attached are documents from the Health Department relative to this request.

Thank you.



NK:hg

Attachment

Lawrence J. Kolesa
Deputy Chief
Fire Official

City of Linden
Union County, New Jersey

FIRE PREVENTION BUREAU
302 South Wood Avenue
Linden, New Jersey 07036
(908) 474-4560
Fax: (908) 474-0318

William M. Hasko
Fire Chief

MEMORANDUM

TO: Mr. Joseph C. Bodek,
City Clerk

FROM: D.C. Lawrence Kolesa
Fire Official

RE: OPRA Request-Resident 2020-927

DATE: November 24, 2020

****

Please be advised there are no records for 1207-4 Stockton Circle

Ssb.

October 26, 2018

1207-4 Stockton Circle

THE FOLLOWING CONDITIONS MUST BE ABATED

Sec. 10-11.2 - Remove exterior debris.

Sec. 10-12.5 - Replace cracked dining room window pane, second level, right side.

Sec. 10-12.6 - Make exterior dwelling repairs, where necessary.

Sec. 10-12.7 - Replace torn & provide window screens, entire dwelling (all operable windows).

Sec. 10-13.4 - Provide handrail, first to second level stairs.

Sec. 10-13.5 - Make interior repairs, where necessary.

Sec. 10-13.7 - Remove interior debris.

Sec. 10-13.8 - Provide Termite Inspection Certificate.

Sec. 10-15.4 - Provide P & T piping on hot water heater to within 6" of floor.

Sec. 10-15.6 - Secure exposed & hanging wiring & junction box, first level.
Provide outlet, switch & junction box covers, entire dwelling.

*Provide Linden Fire Department Certificate.
*Provide Property Survey.

THE FOLLOWING CONDITIONS MUST BE ABATED-(cont.'d)

**Obtain the necessary permits & approvals for:

1). Hot air furnace.
2). Electric hot water heater.
3). Central A/C.
4). Additional bathroom, third level.
5). Conversion of built-in one car garage to finished bedroom with bathroom sink in bedroom & additional finished room (within garage) with toilet & shower stall.

Gregory J. Imbriaco
Senior Housing Inspector

GJI:lw

Enclosure

LINDEN BOARD OF HEALTH

COMPLAINT REPORT

Complaint# 15845 **Follow-up Date** 4/2/2019

Date 12/3/2018 **Location** 1207 Stockton Cr
Time 9:15 AM **Apt#** 4
Subject Housing **TakenBy** sd

ID # 15452 **COMPLAINANT'S DATA**
Last Name [redacted]
First Name [redacted]
Address [redacted]
Telephone [redacted]
2ndPhone
Remarks:

ID# 15437 **OWNER'S DATA**
Last Name TITAN EQUITY GROUP, LLC
First Name c/o Lenny Dykstra
Address 1207-4 Stockton Cr
Linden, NJ 07036
Telephone [redacted]
2nd Phone
Remarks

☑ **Summons Issued** **Date:** 1/10/2019
☐ **Referred to Landscaper**
Lein Amount: $0.00

Vacant Property Registration Sent ☐
☐ **Registration Paid** **Amount Paid** 0.00
Date Paid

COMPLAINT

A whole new group of "tenants" have moved into the Lenny Dykstra house on Stockton Circle. There are now at least 5 "families" living there, once again.

REPORT

12/3/18 - 9:15 A.M. Received complaint this date & time regarding
on-going rooming house issues at above-named dwelling. Additional (2nd) summons issued. GJ:lw
12/4/18 - Original summons (1) sent regular mail & a copy sent CRR #7016 2070 0000 0073 3161 to Titan Equity Group, LLC, c/o Lenny Dykstra this date. GJ:lw
1/10/19 - 10:00 A.M. Re-visited site with Construction Code Inspectors A. Cetroni & J. Kushner, Fire Prevention Bureau Inspector D. Stanley & Police Officer Mercado. Rang doorbell & knocked on front door. Spoke with Mr. Dane Scofane who resides at this dwelling in the rear second floor bedroom, requested & was allowed entry. Mr. Scofane proceeded up the first to second floor stairs & within a minute or so, Lenny Dykstra (owner) came down the stairs.
Spoke with Mr. Dykstra. Explained that multiple Inspectors needed to see all pertinent changes to dwelling as well as on-going occupancy issues. Mr. Dykstra did not voice any objections to the on-site Inspectors. At this time, Mr. Dykstra was asked to open the interior door (off the kitchen) to the garage, which as the owner who actually resides in his house, he should be able to open. He could not due to not having a key to this door. Additionally, one bedroom on the first floor currently occupied by a single female named Tina Rivera, bedroom door has keyed lock.
Second floor consists of four bedrooms, laundry area, office with large desk & chair & two bathrooms. All bedrooms have keyed locks. Mr. Dykstra occupies the second floor, front right side bedroom, one occupant at front middle bedroom & additional occupant at front, left side bedroom. Requested Mr. Dykstra open locked bedroom doors & he again was unable to do so.
Rear, left side bedroom is currently occupied by Mr. Dane Scofane.
Additional summons issued at this time for a continuing rooming house violation at this dwelling.
Pending Court Date on Tuesday, January 29, 2019.
Mr. Dykstra pled guilty to his original summons issued on 9/12/18 at which time a $500.00 fine was imposed. GJ:lw
1/10/19 - Original (1) summons sent regular mail & a copy sent CRR #7016 2070 0000 0073 3239 to Titan Equity Group,

LINDEN BOARD OF HEALTH

COMPLAINT REPORT

Complaint# 15845 **Follow-up Date** 4/2/2019

LLC, c/o Lenny Dykstra this date. GJI:lw
3/5/19 - 10:30 A.M. Received call [redacted] renting & residing in the garage from Lenny Dykstra [redacted] which The City of Linden does not provide. GJI:lw
3/6/19 - 11:00 A.M. Spoke (T) [redacted]
Appointment made to visit his living quarters at 6:30 P.M. this date. GJI:lw
3/6/19 - 6:20 P.M. Re-visited site. Contacted (T) L.P.D. & requested an Officer. GJI:lw
3/6/19 - 6:30 P.M. [redacted] who allowed this Inspector & single Police Officer into his room. Garage has been converted into full bedroom with bathroom, portable heater utilized for heat with multiple extension cords throughout garage, see photos.
[redacted]
3/19/19 - Court held & rescheduled this date. Mr. Dykstra appeared with his attorney. All involved met at Construction Code Department to begin permit process. Additionally, appointment set for Monday, April 1, 2019, at 11:00 A.M. to re-inspect dwelling relative to illegal occupancy. Next court date is April 2, 2019. GJI:lw
4/1/19 - 11:00 A.M. Re-visited site. Met Mr. Dykstra, his Attorney, Construction Code Department Inspectors J. Kushner & T. Gassler at dwelling.
Noted: Garage has been restored to original condition, overhead door now functional, though sink remains operational within bay. All bedrooms remain with keyed locks & fully furnished (beds & dressers). Mr. Dykstra & his Attorney both stated, "The only occupant of this house is Mr. Dykstra." See photos. GJI:lw
4/2/19 - Court held this date. Mr. Dykstra pled guilty through his attorney Joseph Rutala to one summons & maximum fine of $1,250.00 imposed, one summons dismissed as part of plea deal.
Zoning summonses issued through Construction Code Department resulted in guilty pleas & also under additional plea deal, fines of $500.00, $500.00 & $250.00 imposed. GJI:lw

LINDEN BOARD OF HEALTH

COMPLAINT REPORT

Complaint# 15702 **Follow-up Date** 9/26/2018

Date 9/13/2018 **Location** 1207 Stockton Cr
Time 11:00 AM **Apt#** (1207-4)
Subject Housing **TakenBy** GJ:lw

ID # 15312 **COMPLAINANT'S DATA**
Last Name [redacted]
First Name
Address
[redacted]
Telephone
2ndPhone
Remarks:

ID# 15297 **OWNER'S DATA**
Last Name TITAN EQUITY GROUP, LLC
First Name
Address 1207-4 Stockton Cr
Linden, NJ 07036
Telephone [redacted]
2nd Phone (Lenny)
Remarks

☑ **Summons Issued** **Date:** 9/13/2018
☐ **Referred to Landscaper**
Lein Amount: $0.00

Vacant Property Registration Sent ☐
☐ **Registration Paid** **Amount Paid** 0.00
Date Paid

COMPLAINT

Rooming house.

REPORT

9/13/18 - 11:00 A.M. Received [redacted] regarding a Police Incident at above-named dwelling on 9/12/18 at approximately 11:30 P.M. Multiple on-site occupants admitted to renting rooms at this One Family Dwelling. Summons (1) issued. GJ:lw
9/14/18 - Original (1) summons sent regular mail & a copy sent CRR #7016 2070 0000 0073 1983 to Titan Equity Group, LLC, this date. GJ:lw
9/26/18 - Court held & rescheduled this date. GJ:lw
10/23/18 - Court held this date. Mr. Dykstra pled guilty to rooming house summons & fine of $500. Mr. Dykstra was ordered by Municipal Prosecutor to remove all illegal occupants within 30 days of this date or summonses to be re-issued. GJ:lw

LINDEN BOARD OF HEALTH

COMPLAINT REPORT

Complaint# 15701 **Follow-up Date** 9/26/2018

Date 9/12/2018 **Location** 1207 Stockton Cr
Time 4:20 PM **Apt#** (1207-4)
Subject Housing **TakenBy** GJ:lw

ID # 15311 **COMPLAINANT'S DATA**
Last Name [redacted]
First Name
Address
[redacted]
Telephone
2ndPhone
Remarks:

ID# 15296 **OWNER'S DATA**
Last Name TITAN EQUITY GROUP, LLC
First Name c/o Lenny Dykstra
Address 1207-4 Stockton Circle
Linden, NJ 07036
Telephone
2nd Phone
Remarks

☑ **Summons Issued Date:** 9/12/2018
☐ **Referred to Landscaper**
Lein Amount: $0.00

Vacant Property Registration Sent ☐
☐ **Registration Paid** **Amount Paid** 0.00
Date Paid

COMPLAINT

Rooming house.

REPORT

9/12/18 - 4:20 P.M. Received call (T) regarding above-named dwelling that is possibly being utilized as a rooming house. Contacted (T) Tax Office. A Transfer of Title occurred on 9/26/17 in the amount of #353K. No C/O on record. GJ:lw
9/13/18 - Summons (1) issued. GJ:lw
9/13/18 - Original (1) summons sent regular mail & a copy sent CRR #7016 2070 0000 0073 1976 to Titan Equity Group, LLC, this date. GJ:lw
9/26/18 - Court held & rescheduled this date. GJ:lw
10/23/18 - Court held this date. Mr Dykstra submitted his C/O Application with fee on October 4, 2018 & inspection performed by this Inspector on October 17, 2018. Summons dismissed. Regarding rooming house, see Complaint #15702. GJ:lw

LINDEN BOARD OF HEALTH

COMPLAINT REPORT

Complaint# 15636 **Follow-up Date**

Date 8/24/2018 **Location** 1207 Stockton Cr

Time **Apt#** 1207-4

Subject Housing **TakenBy** NK

ID # 15248 **COMPLAINANT'S DATA**

Last Name [redacted]

First Name

Address [redacted]

Telephone

2ndPhone

Remarks:

ID# 15233 **OWNER'S DATA**

Last Name TITAN EQUITY GROUP LLC

First Name

Address 1207-4 Stockton Circle
Linden, NJ 07036

Telephone

2nd Phone

Remarks

☐ **Summons Issued** **Date:**

☐ **Referred to Landscaper**

Lein Amount: $0.00

Vacant Property Registration Sent ☐

☐ **Registration Paid** **Amount Paid** 0.00

Date Paid

COMPLAINT

Renting rooms, doing work no permits.

REPORT

8/28/18--Spoke to Frank Gadomski, Construction Code Dept regarding complaint. Construction Code will follow up on permit issue.NK

LINDEN BOARD OF HEALTH

COMPLAINT REPORT

Complaint# 15526 **Follow-up Date**

Date 7/31/2018 **Location** 1207 Stockton Cr
Time 9:20 AM **Apt#** 1207-4
Subject Garbage **TakenBy** NK

ID # 15142 **COMPLAINANT'S DATA**
Last Name [redacted]
First Name
Address
[redacted]
Telephone
2ndPhone
Remarks:

ID# 15127 **OWNER'S DATA**
Last Name TITAN EQUITY GROUP LLC
First Name
Address 1207-4 Stockton Circle
Linden, NJ 07036
Telephone
2nd Phone Lenny Dykstra
Remarks [redacted]

☐ **Summons Issued Date:**
☐ **Referred to Landscaper**
Lein Amount: $0.00

Vacant Property Registration Sent ☐
☐ **Registration Paid** **Amount Paid** 0.00
Date Paid

COMPLAINT

Garbage strewn around property, pizza boxes, etc. Animals seen on property going through garbage.

REPORT

7/31/18 - 12:50 P.M. Arrived at dwelling, contacted (T) dispatch & requested officer. Noted: Large pile of debris at curb, two plastic garbage cans filled (Not City of Linden containers) & over flowing. GJ:ar
7/31/18 - 1:00 P.M. Visited site with officer N. Melchionna. Knocked on front door & rear door. Spoke with unidentified male who said "I'm a tenant, let me get the owner". Spoke with Lenny Dykstra (owner). Discussed complaint. (Debris at curb, side & the rear of dwelling) Contacted (T) D.P.W. & spoke with John Venditto. They will supply Mr. Dykstra with City issued garbage container. Advised Mr. Dykstra to remove all debris, including at curb by Friday, August 3, 2018. GJ:ar
8/2/18 - 10:00 A.M. Re-visited site. Noted: All debris at curb, side & rear of dwelling removed. D.P.W. green container at left side of dwelling. GJ:lw

uis & Lori Ann DeMarzo

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 1207-4 STOCKTON CIRCLE
2. Owner Name: [redacted] Tel. [redacted]
   Address 1207-4 STOCKTON CIRCLE
3. Principal Contractor: WALTER ZAWACKI, OWNER Tel. [redacted]
   Address [redacted]
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. [redacted]
4. Architect or Engineer: HOMEOWNER Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work HOMEOWNER Tel. [redacted]

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☒ Addition
5. ☐ Alteration
6. ☒ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: DORMERS

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$ 15,000.00
2. ☒	Plumbing	400.00
3. ☒	Electrical	50.00
4. ☐	Fire Protection	
5. ☐	Other _____	
6. ☐	Other _____	
	TOTAL COST	$

C. DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
   HMD Reg. No.: _____
3. ☐ Two Family (R-3b)
4. ☒ One-Family (R-3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:

Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)
6. ☐ Movie Theatres (A-1-B)
7. ☐ Night Clubs (A-2)
8. ☐ Restaurants, Libraries, Museums (A-3)
9. ☐ Religious Assembly (A-4)
10. ☐ Outdoor Assembly (A-6)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I-1)
17. ☐ Hospitals, Infirmaries (I-2)
18. ☐ Group Homes (I-3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S-1)
21. ☐ Low-Hazard Warehouse (S-2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: FRONT AND PORTION L.S. DORMERS REAR SIDING

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5.	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS LN 10502180

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use.

A. ☒ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☒ I further certify that I will perform the work below.

B1. ☐ Building B2. ☒ Electrical B3. ☒ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE Louis DeMayo DATE 7-24-88

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☑ Check if contractor.

AGENT NAME Walter Zawacki [redacted]

ADDRESS 10 Florence Dr.

Clark, N.J. 07066

SIGNATURE Walter Zawacki

BLOCK NO. ~~183.02~~ 411 LOT NO. 13 SUBDIVISION 1207-4 STOCKTON CIRCLE PERMIT NO 3799

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☒ Other: Zoning	OK	C. Clinchuck							9/2/88								
☐																	
☐																	
☐																	
☐																	
☐																	
☐																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings		☐ Mechanical		☐ Flood Hazard	
☐ Building		☐ Energy		☐ As Built Elevation Certification	
☐ Electrical		☐ Barrier Free		☐ Other	
☐ Plumbing		☐ Other			

925 9665 5 Tons Frozen - Bags

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN — FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$
PLUMBING	
ELECTRICAL	
FIRE PROTECTION	
OTHER _____	
SUBTOTAL	$
— LESS: 20% of subtotal (when plan review performed by state agency).	( )
D.C.A. TRAINING FEE .0006 x _____	=
CERTIFICATE OF OCCUPANCY	
OTHER _____	
OTHER _____	
TOTAL COLLECTED WHEN PERMIT ISSUED	$

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			
OTHER			
OTHER			
— LESS: Refunds			( )
TOTAL COLLECTED AFTER PERMIT ISSUED			$

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$
COLLECTED AFTER PERMIT (VB)	
TOTAL	$

CERTIFICATE

Date Issued 9/19/89
Control #
Permit # 3799-3

IDENTIFICATION

Block 411 Lot 13
Work Site Location 1207-4 Stockton Circle
Linden, NJ 07036
Owner in Fee Louis & Lori Ann DeMarzo
Address 1207-4 Stockton Circle
Linden, NJ 07036
Tele. [redacted]
Contractor Servidio Electric
Address 29 Oakwood Ave.
Livingston, NJ 07039
Tele. [redacted]
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No.
or Social Security No. [redacted]

Home Warranty No.
Use Group R-3a
Maximum Live Load
Description of Work/Use:

Electrical Work

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☑ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19 ____ or the owner will be subject to a fine or order to vacate:

Charles Chrabaszcz
CONSTRUCTION OFFICIAL

Fee $ 10.00
Paid [x] Check No.
Collected by: IRW

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 01/27/93
Control #
Permit # 3799.1

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 411 Lot 13
Work Site Location 1207-4 STOCKTON CR

Owner in Fee DEMARZO, LOUIS & LORI ANN
Address 1207-4 STOCKTON CIRCLE
LINDEN, NJ 07036-
Telephone [redacted]
Contractor
Address

Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

FRONT DORMER & L.S. REAR DORMER, ENLARGE EXIST. BATH, (3) BEDROOMS, STORAGE ROOM AND VINYL SIDING

CERTIFICATE OF OCCUPANCY/APPROVAL

[X] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon that was visible at the time of inspection.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

CONSTRUCTION OFFICIAL

Fee $ 15
Paid [X] Check No. 091
Collected by: CC

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 02/03/93
Control #
Permit # 3799-1

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 411 Lot 13
Work Site Location 1207-4 STOCKTON CR

Owner in Fee DEMARZO, LOUIS & LORI ANN
Address 1207-4 STOCKTON CIRCLE
LINDEN, NJ 07036-
Telephone [redacted]
Contractor
Address

Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

SMOKE DETECTORS

CERTIFICATE OF OCCUPANCY/APPROVAL

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

CONSTRUCTION OFFICIAL

Fee $ 0
Paid [ ] Check No.
Collected by:

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 02/04/93
Control #
Permit # 3799-2

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 411 Lot 13
Work Site Location 1207-4 STOCKTON CR

Owner in Fee DEMARZO, LOUIS & LORI ANN
Address 1207-4 STOCKTON CIRCLE
LINDEN, NJ 07036-
Telephone [redacted]
Contractor
Address

Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

ELECTRICAL WORK

CERTIFICATE OF OCCUPANCY/APPROVAL

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

Thomas Covel
CONSTRUCTION OFFICIAL

Fee $ 0
Paid [ ] Check No.
Collected by:

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 01/27/93
Control #
Permit # 3799-4

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 411 Lot 13
Work Site Location 1207-4 STOCKTON CR

Owner in Fee DEMARZO, LOUIS & LORI ANN
Address 1207-4 STOCKTON CIRCLE
LINDEN, NJ 07036-
Telephone [redacted]
Contractor
Address

Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

BUILD FRONT PORCH

CERTIFICATE OF OCCUPANCY/APPROVAL

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

CONSTRUCTION OFFICIAL

Fee $ 20
Paid [X] Check No. 0768
Collected by: MV

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit # 3799
Date Issued

IDENTIFICATION

Block 411 Lot 13
Work Site Location 1207-4 Skockton Circle

Owner in Fee Louis & Lori Ann DeMarzo
Address 1207-4 Stockton Circle
Linden, NJ 07036
Tele. [redacted]

Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No.
or Social Security No.

ACTION

☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE: Front Dormer & L.S. Rear Dormer, Enlarge Existing Bath (3) Bedrooms, Storage Room & Vinyl Siding

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED _____ OWNER/AGENT
☒ Owner
☐ Agent

U.C.C. Form F-270A

CONSTRUCTION PERMIT

Date Issued 6/12/91
Control #
Permit # 3799-4

IDENTIFICATION Block 411 Lot 13

Work Site Location 1207-4 Stockton Circle

Owner in Fee Louis & Lori Ann DeMarzo
Address 1207-4 Stockton Circle
Linden, NJ 07036
Tele. ( )

Contractor Owner
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Build Front Porch

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 600.00

PAYMENTS (Office Use Only)	
Building	30.00
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other C.A.	20.00
Total	50.00
Check No.	0768
Cash	
Collected By:	MV

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form 1708

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
MUNICIPALITY Linden

CONSTRUCTION PERMIT

PERMIT NO. 3799,-1,2
DATE ISSUED 9/30/88
Block 411 Lot 13
Subdivision R-1a Zone

A. IDENTIFICATION

Owner Louis & Lori Ann DeMarzo Agent Owner
Address 1207-4 Stockton Circle Address
Linden, NJ 07036
Tel. [redacted] Tel. ( )
Work Site Address Lic. No.
1207-4 Stockton Circle Federal Emp. No.

PAYMENTS

Permit Fee $ 91.81
Fees Remitted $
[X] Check No. 091
[ ] Cash
[X] Other C.O. 15.00
C.A. 20.00
Collected By: CC, TC, JRW
Date: 9/29/88

is hereby granted permission
to perform the following work:

[X] BUILDING [X] ELECTRICAL
[ ] PLUMBING [x] FIRE PROTECTION
[ ] OTHER

Description of work:

Front Dormer & L.S. Rear Dormer,
Enlarge Exist.Bath, (3) Bedrms,
Storage Rm. & Vinyl Siding

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work: $ 15,000.00

Charles Chumbak
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
MUNICIPALITY Linden

CONSTRUCTION PERMIT

PERMIT NO. 3799-3
DATE ISSUED 4/12/89
Block 411 Lot 13
Subdivision R-1a Zone

A. IDENTIFICATION

Owner Louis & Lori Ann DeMarzo
Address 1207-4 Stockton Circle
Linden, NJ 07036
Tel. [redacted]

Agent Servidio Electric
Address 29 Oakwood Ave,
Livingston, NJ 07039
Tel. [redacted]

Work Site Address
1207-4 Stockton Circle

Lic. No. [redacted]
Federal Emp. No. [redacted]

PAYMENTS

Permit Fee $ 20.00
Fees Remitted $
☐ Check No.
☒ Cash
☒ Other C.A. $10.00

Collected By: JRW
Date: 4/11/89

is hereby granted permission
to perform the following work:

☐ BUILDING ☒ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

Electrical Work

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work: $ 500.00

Charles Chmelak
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

Louis & Lori Ann DeMarzo

BUILDING SUBCODE TECHNICAL SECTION

4091 3799 9/29

PERMIT NO. 3799
DATE ISSUED 9/30/88
REVISION DATE
Block 4003 Lot 13
Subdivision 411 R-1a Zone

A. IDENTIFICATION

APPLICANT -- *Complete unshaded areas only* When changing contractors, notify this office

Owner [redacted] Contractor WALTER [illegible]

Address 1207-4 STOCKTON CIRCLE Address [illegible] OWNER

LINDEN, N.J. [illegible]

Tel. [redacted] Tel. [redacted]

Work Site Address 1207-4 STOCKTON CIRCLE Lic. No.

LINDEN Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

SECOND STORY DORMER

FRONT DORMER AND L.S. REAR

FRONT DORMER AND L.S. REAR DORMER, ENLARGE EXIST. BATH, ~~ASH~~ 3 B.RMS, STORAGE RM, AND VINYL SIDING

☒ See Plans

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☒ Siding ALL'S EXIST
  - ☑ Other ~~Dormers~~ + SIDING
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
	$.006/C.F.	$ 39.52
	$6.00/$1,000	18.00
		57.82
SUBTOTAL		$ ~~57.82~~
Minimum Building Fee (if applicable)	$.006/C.F. N.J.S.F.F.	$ 3.98
C.O. + Total Building Fee (Greater of Minimum or Subtotal)		15.00 $ 76.80

C. BUILDING CHARACTERISTICS

USE GROUP: R-3a Present R-3a Proposed

No. of Stories 2ND FLR. Total Building Area—All Floors 651.92 Sq. Ft.

Height of Structure 10.18' Ft. Volume of Structure 6,637 Cu. Ft.

Area—Largest Floor 651.92 Sq. Ft. Total Land Area Disturbed — Sq. Ft.

Estimated Cost of Building Work: $ 15,000.00

D. COMMENTS

ONE FAMILY DWELLING

OLD FEES USED

FILED 7/29/88

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/16/91
Date Issued 6/12/91
Control #
Permit # 3799-4

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 411 Lot 13
Work Site Location 1207-A Stockton Circle
Linden N.J. 07036
Owner in Fee Louis & Lori Ann DeMarzo
Address 1207-A Stockton Circle
Linden N.J. 07036
Tele. [redacted]
Contractor OWNER
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

X [signature]
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Build Front Porch
See Attached Plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Footing				
[ ] All			Foundation				
[ ] Footing			Slab				
[ ] Foundation			Frame				
[ ] Frame			Insulation				
[✓] Other Porch	5/2/91	MV	Finishes:				
Joint Plan Review Required:			Energy				
[ ] Elec. [ ] Plumb. [ ] Fire			Mechanical				
SUBCODE APPROVAL			TCO				
[ ] CO [ ] CCO [✓] CA	1/27/93		Other				
Date:			Final			1/27/93	MV
Approved By: TC							

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [✓] Other Front Porch
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other C.A.

(Office Use Only)
FEE

$	
	30.00/hr
	20.00/hr
Administrative Surcharge	$
Minimum Fee	$
TOTAL FEE	$ 50.00/hr

Paid [ ] Check # 0768
Collected by: MV

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 2000.00/hr 600.00/hr
3. Total (1+2) $ ~~2000.00/hr~~ 600.00/hr

U.C.C. Form F-110A
1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

Louis & Lori Ann DeMarzo

D. L. 2 –

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO.	3194
DATE ISSUED	7/30/88
REVISION DATE	
Block 103002	Lot 15
Subdivision 411	R-1a Zone

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — When changing contractors, notify this office

Owner	~~[illegible]~~	Contractor	~~WALTER ZAWACKI~~
Address	1207-4 STOCKTON CIRCLE LINDEN, N.J.	Address	~~[illegible]~~ OWNER ~~CLARK N.J.~~
Tel. (	[redacted]	Tel. (	[redacted]
Work Site Address	1207-4 STOCKTON CIRCLE LINDEN	Lic. No.	
		Federal Emp. No.	[redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

[signature]

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

SECOND STORY DORMER

FRONT DORMER AND L.S. REAR

FRONT DORMER AND L.S. REAR DORMER, ENLARGE EXIST. BATH, 3 B.RMS, STORAGE RM AND VINYL SIDING

☒ See Plans

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☒ Other ADD. EXIST. ~~[illegible]~~
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
Addition	$.006/C.F.	$ 39.82
Other	$6.00/$1,000	18
SUBTOTAL		$ 57.82 ~~[illegible]~~
Minimum Building Fee (if applicable)	$.0006/C.F.-N.J.S.T.F.	$ 3.98
Total Building Fee (Greater of Minimum or Subtotal)	C.O. +	$ 13.00 / 74.80

C. BUILDING CHARACTERISTICS

USE GROUP: R-3a Present R-3a Proposed

No. of Stories	2nd FLR.	Total Building Area—All Floors	651.92 Sq. Ft.
Height of Structure	10.19' Ft.	Volume of Structure	6,637 Cu. Ft.
Area—Largest Floor	651.92 Sq. Ft.	Total Land Area Disturbed	— Sq. Ft.
Estimated Cost of Building Work: $	15,000.00		

D. COMMENTS

~~[illegible]~~ ~~[illegible]~~ FAMILY DWELLING

OLD FEES USED

FILED 7/29/88

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
9/22/88	check location + ? dormers exist.
9-27-88	OK : on Plans TC Harley - B.S.O.
7/17/89	– FINAL – SUBJECT TO: HTG. GRILLS; H.P. TO 2nd FLR.
	WINDOW CASING; ELEC. PLATES, SIDING:

RECEIVED
JUL 29 1988
CONSTR. CODE
DEPT

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☒ Other	9/23/88	MRC

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

Date: 1/27/93

Inspected By: TC

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☑ Other Final				1/27/93 TC

U.C.C. Form F-110 (8/83)

3799-3

ELECTRICAL SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

3799-3 4/11

PERMIT NO. 3799-3
DATE ISSUED 4/12/89
REVISION DATE

Block 411 Lot 13
Subdivision R-1a zone

+ LORI ANN

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner LOUIS DEMARZO
Address 1207-4 STOCKTON PLACE
LINDEN
Tel. [redacted]
Work Site Address 1207-4 STOCKTON PLACE

Contractor SERVIDIO ELECTRIC
Address 29 OAKWOOD AVE
LIVINGSTON 07039
Tel. [redacted]
Lic.No./Bus. Permit
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches				
	Lighting Fixtures			Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
1	Service/~~Feeders~~	20.00		Other	
	COLUMN 1	$ 20.00		COLUMN 2	$

Fee	
COLUMN 1	$ 20.00
COLUMN 2	
SUBTOTAL	$ 20.00
Certificate of Approval	$ 10.00
Total Electrical Fee Permit plus Certificate	$ 30.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: R-3 Present R-3a Proposed
Service: 100 Amps 1 Phase ____ System Type
3 Wire 120/240 Volts ____ Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $ 500.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

#091 3799-2 9/29

Louis & Lori Ann DeMarzo

ELECTRICAL SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 3799-2
DATE ISSUED 9/30/88
REVISION DATE

Block 16[redacted]2 Lot 13
Subdivision 411 R-1a Zone

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — When changing contractors, notify this office

Owner [redacted] Contractor Homeowner

Address 1207-4 Stockton Circle Hudson N.J.

Tel. [redacted]

Work Site Address 1207-4 Stockton Circle Hudson

Address

Tel. ( ) —

Lic.No./Bus. Permit.

Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Lori DeMarzo
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
3	Switching Outlets	$		H.V.A.C. Equipment	$
2	Lighting Outlets	20-00		Switching Devices	
12	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
3	Switches				
	Lighting Fixtures			Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1 $	20-00		COLUMN 2 $	

Fee	
COLUMN 1	$ 20.00
COLUMN 2	
SUBTOTAL	$ 20.00
Minimum Electrical Fee (If applicable)	$ 10.00
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 30.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: ____ Present R-3 Proposed

Service: ____ Amps ____ Phase ____ System Type

____ Wire ____ Volts ____ Wiring Method

Total No. of Meters: ____

Estimated Cost of Electrical Work: $ 400.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

3799-3

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 3799-3
DATE ISSUED 4/12/89
REVISION DATE
Block 711 Lot 13
Subdivision R-1A zone

LORI ANN

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner LOUIS DEMARZO
Address 1207-4 STOCKTON Place
LINDEN
Tel. [redacted]
Work Site Address 1207-4 STOCKTON (Place)

Contractor SERVIDIO ELECTRIC
Address 29 OAKWOOD AVE
LIVINGSTON 07039
Tel. [redacted]
Lic.No./Bus. Permit.
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data
TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches				
	Lighting Fixtures			Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
1	Service/~~Feeders~~	20.00		Other	
	COLUMN 1 $	20.00		COLUMN 2 $	

Fee	
COLUMN 1	$ 20.00
COLUMN 2	
SUBTOTAL	$ 20.00
Certificate of Approval	$ 10.00
Total Electrical Fee Permit plus Certificate	$ 30.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: R-3 Present R-3a Proposed
Service: 100 Amps 1 Phase ___ System Type
Wire Copper Volts 120 Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $ 500.00

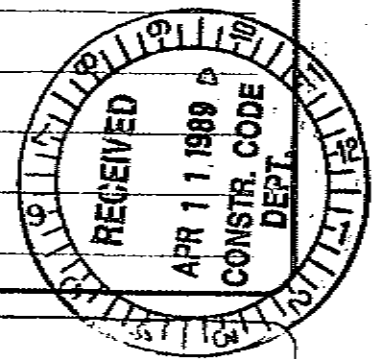
D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

PLAN REVIEW AND INSPECTION – ELECTRICAL

DATE	JOB CONDITION/COMMENTS
9/14/89	Eastern pipe below meter see other card for breakers + additional work



JOB SUMMARY

☑ No Plans Required
☐ Plan Review Approved
Date: 4/11/89
Approved By: JRW

INSPECTIONS FINAL

☐ CO ☐ CCO ☑ CA
Date: 9/14/89
Inspected By: JRW

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Rough				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in Card		
Temporary Cut-in Card		
Final Cut-in Card		

U.C.C. Form F-120 (8/83)

Louis & Lori Ann DeMarzo

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 3700-?
DATE ISSUED 9/30/82
REVISION DATE
Block 2803000 Lot 13
Subdivision 411 R-1a Zone

A. IDENTIFICATION

APPLICANT – Complete unshaded areas only — When changing contractors, notify this office

Owner [illegible] Contractor HOMEOWNER

Address 1207 W Stockton Circle Address

Linden N.J.

Tel. [redacted] Tel. ( )

Work Site Address 1207 W Stockton Circle Linden Lic.No./Bus. Permit.

Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
3	Switching Outlets	$		H.V.A.C. Equipment	$
2	Lighting Outlets } 17	20.00		Switching Devices	
12	Receptacle Outlets }			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
3	Switches				
	Lighting Fixtures			Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1 $	20.00		COLUMN 2 $	

Fee	
COLUMN 1	$ 20.00
COLUMN 2	
SUBTOTAL	$ 20.00
Minimum Electrical Fee (If applicable)	$ 10.00
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 30.00

12
13
15
3

C. ELECTRICAL CHARACTERISTICS

USE GROUP: ____ Present R-3a Proposed

Service: ____ Amps ____ Phase ____ System Type

____ Wire ____ Volts ____ Wiring Method

Total No. of Meters: ____

Estimated Cost of Electrical Work: $ 600.00

D. COMMENTS

FRONT DORMER & L.S. REAR DORMER EN-LARGE EXISTING BATH.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

PLAN REVIEW AND INSPECTION – ELECTRICAL

DATE	JOB CONDITION/COMMENTS
	SEC. 1018-3-5
9-22-88	BOCA/87 requires Smoke Detectors on each level interconnected, within 10 Ft of Each sleeping room. Fire Subcode permit Required T.C. $20 Fee
10/20/89	no fan boxes ok RW MM need service chng future
9/14/89	ok service 6Hex card need to check everything including inside panel on final (need to strap service pipe)
2/3/93	Check with Bldg. for Scope of work!
2/4/93	Approved, Final Visual Only The work completed & occupied.

RECEIVED
JUL 29 1988
CONSTR. CODE DEPT

JOB SUMMARY

- [x] No Plans Required
- [ ] Plan Review Approved

Date: 9/27/88

Approved By: RW

INSPECTIONS FINAL

- [ ] CO
- [ ] CCO
- [x] CA

Date: 2/4/93

Inspected By: M O'Halloran

INSPECTIONS

Type	Failure Dates			Approval Date
[x] Rough				10/20/88
[ ] Energy				
[ ] Mechanical				
[ ] TCO				
[ ] Other				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card		

FIRE SUBCODE
TECHNICAL SECTION

041 3799-1 9/29

PERMIT NO. 3799-1
DATE ISSUED 9/30/88
REVISION DATE
Block 411 Lot 13
Subdivision R-19 Zone E

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner LOUIS & LORI ANN DE MARZO Contractor OWNER
Address 1207-4 STOCKTON CIRCLE Address
LINDEN, NJ 07036
Tel. ([redacted]) Tel. ( )
Work Site Address Lic. No.
1207-4 STOCKTON CIRCLE Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Louis DeMarzo
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

$

B3. ALARM

TYPE: ☐ Manual ☒ Automatic
Supervision Type: ☒ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $

FEE $ 10.00

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

$
$
$

Subtotal	$ 10.00
Minimum Fire Protection Fee (If Applicable) C of A	$ 10.00
Total Fire Protection Fee (*Greater of Minimum or Subtotal*)	$ 20.00

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present R-3e Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $ X 50.00

D. COMMENTS

Filed 7-28-88

☐ Partial Releases ☐ Prototype Processing

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 37[illegible]
DATE ISSUED 9/2/[illegible]
REVISION DATE
Block 411 Lot 13
Subdivision Raly 2 QUE

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner LOUIS & LORI ANN DE MARZO
Address 1207-4 STOCKTON CIRCLE
LINDEN, NJ 07036
Tel. [redacted]

Work Site Address 1207-4 STOCKTON CIRCLE

Contractor OWNER
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Lori A. DeMarzo
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

$

B3. ALARM

TYPE: ☐ Manual ☒ Automatic
Supervision Type: ☑ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $

FEE $ 10.00

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

$
$
$

Subtotal	$ 10.00
Minimum Fire Protection Fee (If Applicable) C of A	$ 10.00
Total Fire Protection Fee (*Greater of Minimum or Subtotal*)	$ 20.00

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present R-3 Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $ X 50.00

D. COMMENTS

Filed 2-28-88

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
9-27-88	As marked on Plan T.C.

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 9-27-88
Approved By: T.C.

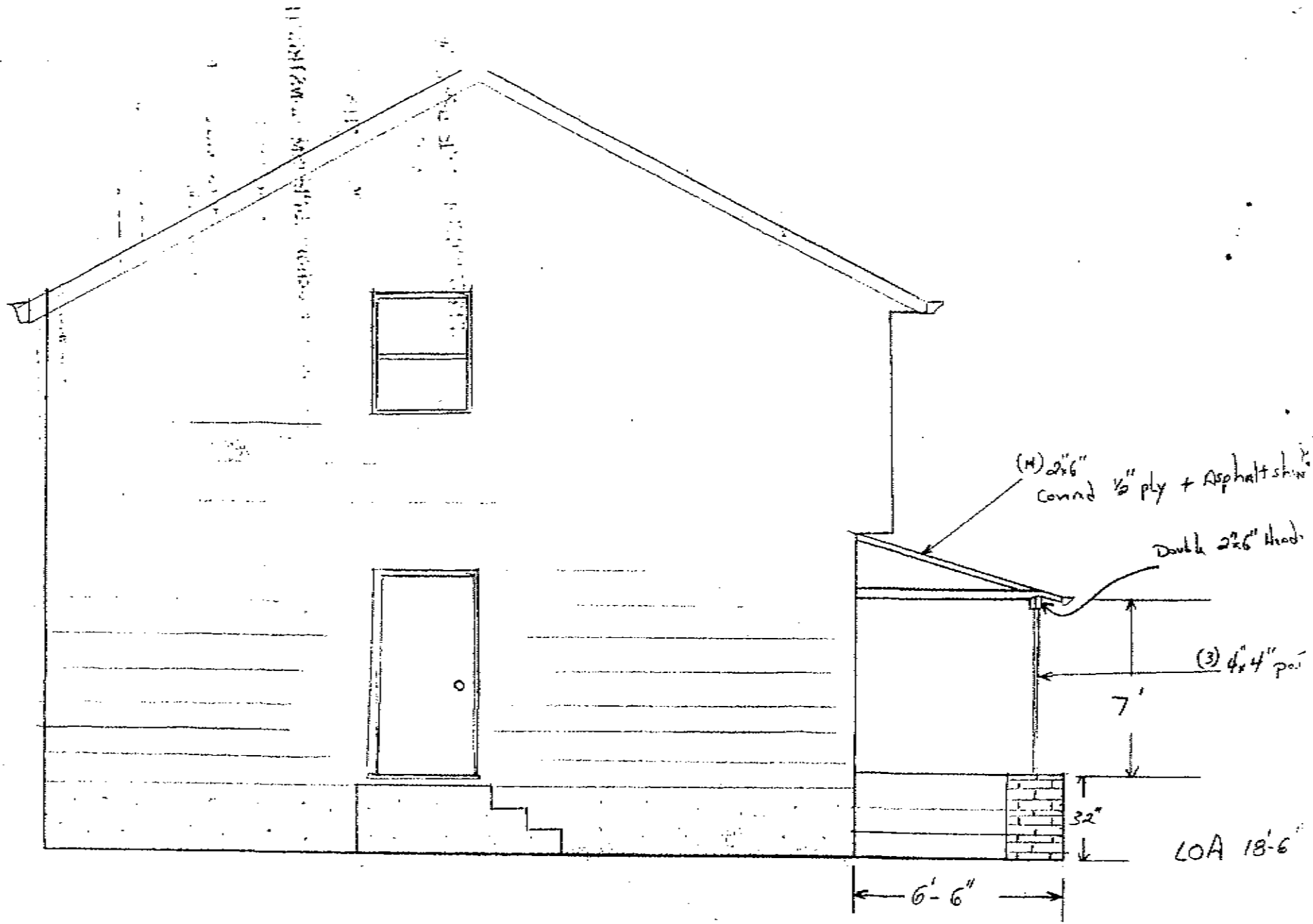
INSPECTIONS FINAL

☐ CO ☐ CCO ☒ CA
Date: 2/23/93
Inspected By: [illegible] T.

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other _____				
☐ Other _____				
☐ Other _____				
☐ Other _____				

U.C.C. Form F-140 (8/83)


(H) 2"x6"
Comm'd ½" ply + Asphalt shin
Double 2"x6" Hood
(3) 4"x4" post
7'
32"
LOA 18'-6"
6'-6"

CONSTRUCTION CODE DEPARTMENT
CITY OF LINDEN, N. J.

CONSTRUCTION MUST COMPLY WITH THE "REGULA.

FOR THE NEW JERSEY UNIFORM CONSTRUCTION CODE"

APPROVED

These plans meet the requirements of the N. J. Uniform Construction Code.

APPROVED BY: M. Valvano R.C.S.

DATE: 5/2/91

SUBCODE:

UCC Form M-900 (8/83)

CONSTRUCTION CODE DEPT.
CITY OF LINDEN, N.J.

MEETS REQUIREMENTS OF THE UNIFORM CONSTRUCTION CODE
AND ZONING ORDINANCE OF THE CITY OF LINDEN

CONSTRUCTION OFFICIAL:

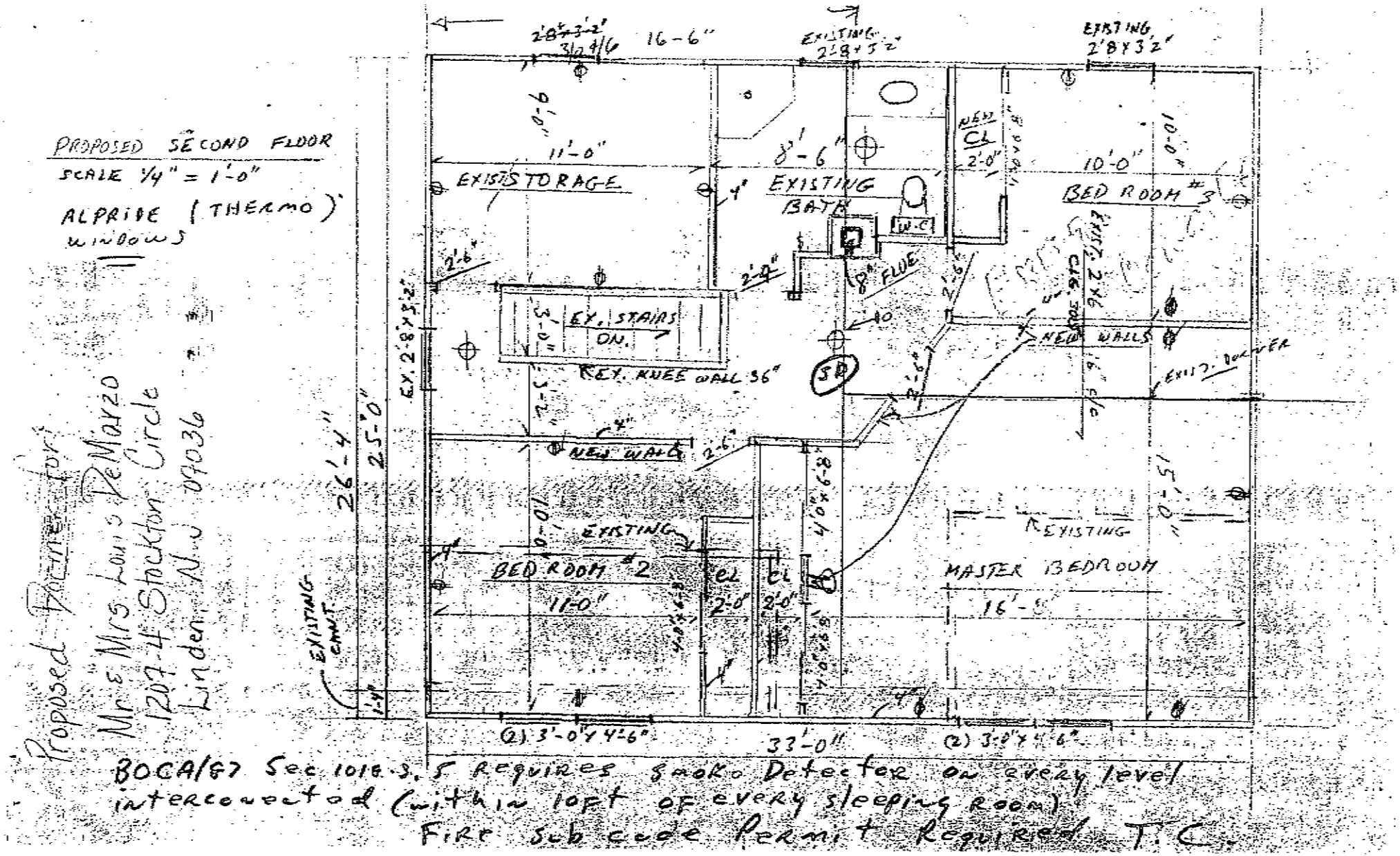
OFFICIAL:

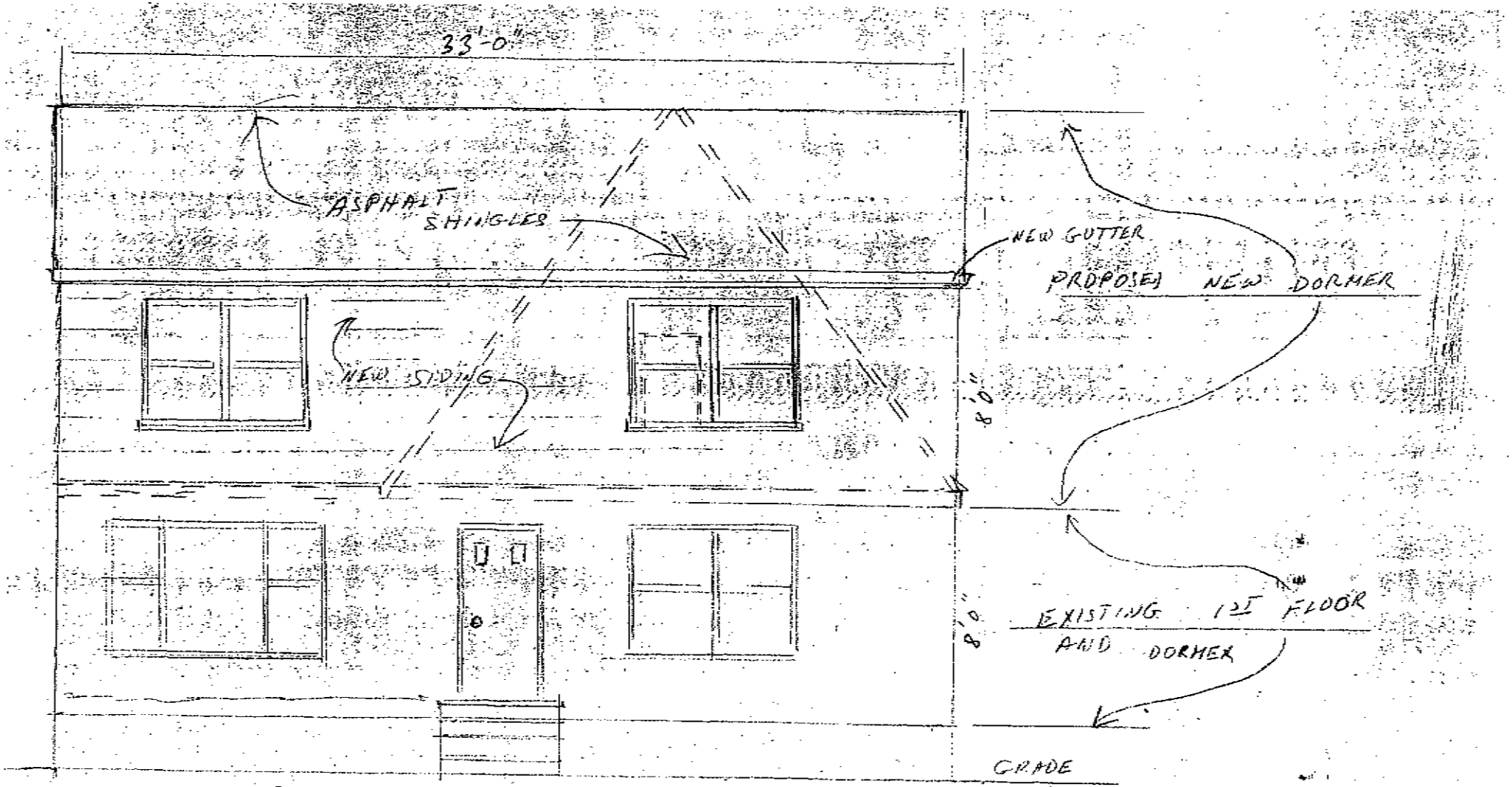
DATE APPROVED: JUN 12 1991

PERMIT #: SUPPLEMENT TO PERMIT # 3799-Y

THIS STAMPED APPROVED PLAN MUST BE KEPT ON PREMISES FOR WHICH IT IS APPROVED UNTIL WORK IS COMPLETED.

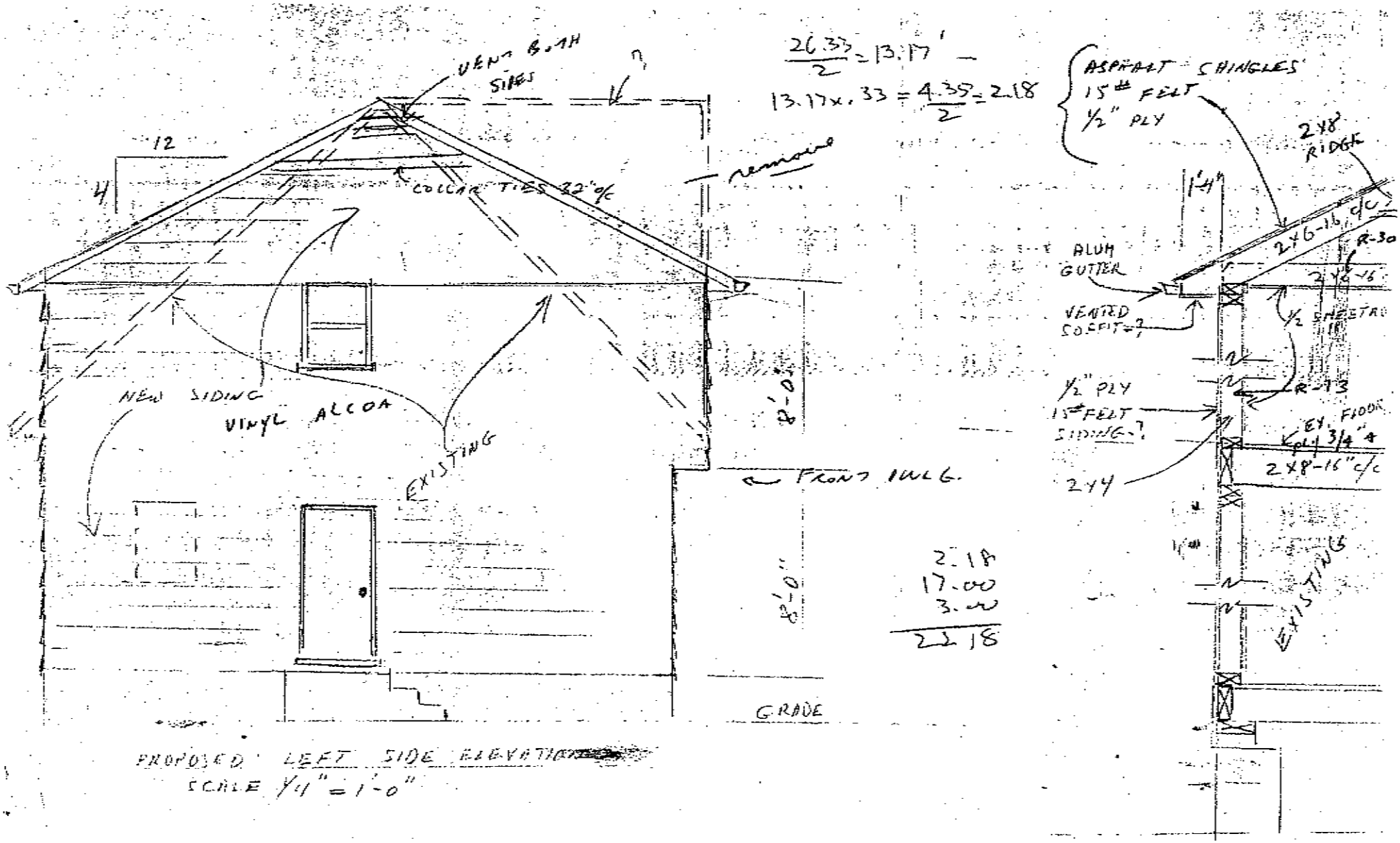
Office


PROPOSED SECOND FLOOR
SCALE 1/4" = 1'-0"
ALPRIVE (THERMO) WINDOWS
Proposed Dormer for:
Mr & Mrs Louis DeMayo
1207-4 Stockton Circle
Lindenwold N.J. 08036
EXISTING STORAGE
EXISTING BATH
W.C.
BED ROOM #3
NEW CL
EX. STAIRS DN.
EX. KNEE WALL 36"
NEW WALLS
EXIST. DORMER
BED ROOM #2
EXISTING
MASTER BEDROOM
EXISTING CHIMNEY
EX. 2-8"x3'-2"
(2) 3'-0"x 4'-6"
33'-0"
26'-4"
25'-0"
BOCA/87 Sec 1016.3.5 Requires Smoke Detector on every level interconnected (within 10ft of every sleeping room)
Fire sub code Permit Required T.C.



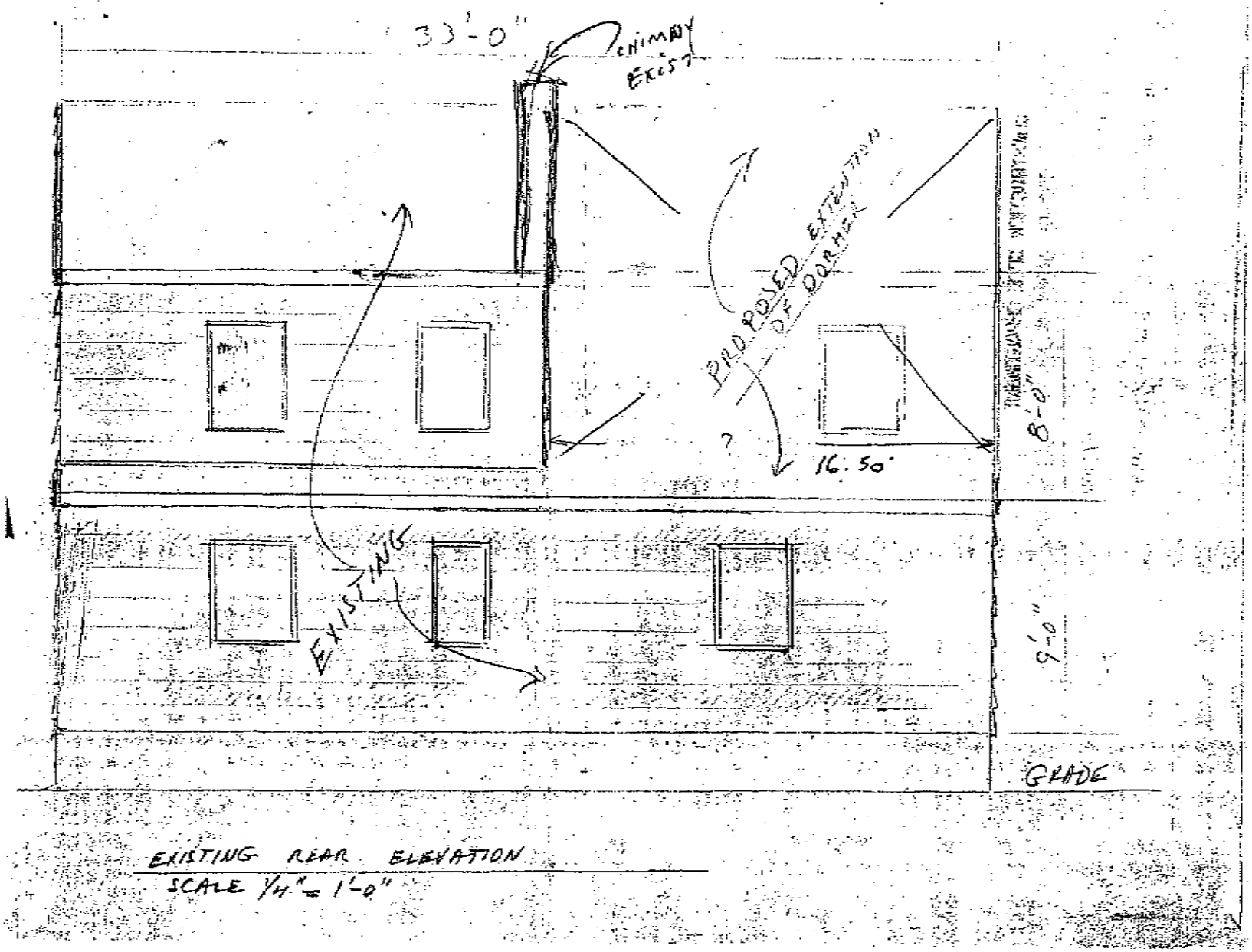
PROPOSED FRONT ELEVATION

SCALE 1/4" = 1'-0"



PROPOSED LEFT SIDE ELEVATION

SCALE ¼" = 1'-0"



EXISTING REAR ELEVATION
SCALE 1/4" = 1'-0"

03799

CONSTRUCTION CODE DEPARTMENT
CITY OF LINDEN, N. J.

CONSTRUCTION MUST COMPLY WITH THE "REGULATIONS FOR THE NEW JERSEY UNIFORM CONSTRUCTION CODE"

RECEIVED
SEP 16 1988

APPROVED

These plans meet the requirements of the N. J. Uniform Construction Code.

APPROVED BY: Michael C. Kelly
DATE: 9/23/88
[illegible]: [illegible] BOCA 1987

[illegible]

0584

BLOCK 411 LOT 13 ADDRESS (SITE) 1207-4 Stockton Cr. Linden, NJ PERMIT NO. 93-~~0559~~

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 1207-4 Stockton Circle
2. Name of Owner in Fee: Louis & Lori Ann DeMarzo Tel. [redacted]
   Address 1207-4 Stockton Circle (street) Linden, N.J. (municipality) 07036 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Owner Tel. (____) _____
   Address Same as above.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work Owner Tel. (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☒ Electrical	150.—
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			5/25/93	MW			
	5/28/93		5/28/93	MW			

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL-
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group,

LDS LN 10502179

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. (X) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. (X) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature Jon-Ann DiMayo Date May 28 93

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☒ Other Zoning	5/20/93	Room addition - 12'x33'				2.0			
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

134.00 BUS.
30.00 ELEC

164.00

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 07/13/94
Control #
Permit # 93-0588

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 411 Lot 13
Work Site Location 1207-4 STOCKTON CR

Owner in Fee DEMARZO, LOUIS & LORI ANN
Address 1207-4 STOCKTON CIRCLE
LINDEN, NJ 07036-
Telephone [redacted]
Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REAR ADDITION; FAMILY ROOM 12'X 33'
ELECTRICAL WORK AND PLUMBING

CERTIFICATE OF OCCUPANCY/APPROVAL

[X] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

Thomas Carroll
AUTHORIZED OFFICIAL

Fee $ 50
Paid [X] Check No. 1285
Collected by: MV

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 06/02/93
Control #
Permit # 93-0588

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 411 Lot 13

Work Site Location 1207-4 STOCKTON CR

Owner in Fee DEMARZO, LOUIS & LORI ANN
Address 1207-4 STOCKTON CIRCLE
LINDEN, NJ 07036-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. NO-
or Social Security No.

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[X] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
REAR ADDITION-FAMILY ROOM

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 3,100

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	76
Electrical	30
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	8
Cert. of Occ.	50
Other	
Total	164
Check No.	1285
Cash	
Collected By:	MV

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Update Issued 12/15/93
Control #
Permit # 93-0588+B
Permit Issued 06/02/93

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 411 Lot 13

Work Site Location 1207-4 STOCKTON CR

Owner in Fee DEMARZO, LOUIS & LORI ANN
Address 1207-4 STOCKTON CIRCLE
LINDEN, NJ 07036-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. HO-
or Social Security No.

Is hereby granted permission to perform the following work:
[ ] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Estimated Cost of Work $ 100

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	30
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	30
Check No.	1431
Cash	
Collected By:	FG

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Update Issued 10/28/93
Control #
Permit # 93-0588+A
Permit Issued 06/02/93

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 411 Lot 13

Work Site Location 1207-4 STOCKTON CR

Owner in Fee DEMARZO, LOUIS & LORI ANN
Address 1207-4 STOCKTON CIRCLE
LINDEN, NJ 07036-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. HO-
or Social Security No.

Is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER
[X] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Estimated Cost of Work $ 200

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Electrical	20
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	20
Check No.	1400
Cash	
Collected By:	MOH

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/19/93
Date Issued 6/2/93
Control #
Permit # 93-0588

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 411 Lot 13
Work Site Location 1207-4 Stockton Circle
Linden NJ. 07036
Owner in Fee Louis DeMarzo & Lori Ann DeMarzo
Address 1202-4 Stockton circle Linden NJ
Tele. [redacted]
Contractor owner
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

Called Tim ?

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Rear Addition
Family Room 12' x 33'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	5/25/93	MW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:	5/26/93	
[ ] Elec. [ ] Plumb. [X] Fire	OK	
SUBCODE APPROVAL	over the counter	
[✓] CO [ ] CCO [ ] CA	7/12/94	
Date:		
Approved By:	TC	

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			6-10-93	TC
Foundation				
Slab				
Frame			11/8/93	MW
Insulation			11/8/93	MW
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			7/13/94	MW

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	R-3	R-3
Constr. Class		
No. of Stories	1	
Height of Structure	13 Ft.	
Area—Largest Floor	396 Sq. Ft.	
Total Bldg. Area/All Floors	396 Sq. Ft.	
Volume of Structure	5069 Cu. Ft.	
Total Land Area Disturbed	396 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ [redacted]
2. Alteration $ 3,000
3. Total (1+2) $

TYPE OF WORK:
[✓] New Building
[X] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Other
[ ] Demolition
[ ] Miscellaneous
- [ ] Fence Height
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Elevator
- [ ] Asbestos Abatement
- [ ] Other N.J.S.T.F. X.0016 C.O.

(Office Use Only)

	FEE
	$ 76.00
	8.00
	50.00
Administrative Surcharge	$
Minimum Fee	$
TOTAL FEE	$ 134.00

Paid [X] Check # 1255
Collected by: MV

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

Yes existing S.D. on EVERY LEVEL AS Per C.O. (Avinash)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/21/93
Date Issued 10/28/93
Control #
Permit # 93-0588

Permit Update

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 411 Lot 13
Work Site Location 1207-4 Stockton Circle

Owner in Fee Louis DeMarzo + Lori
Address 1207-4 Stockton Circle
Linden

Tele. [redacted]
Contractor Owner
Address Same

Tele. ( )
Lic. No.
Federal Emp. No. ______ or Social Security No. ______

B. ELECTRICAL CHARACTERISTICS Rear 1st Floor Addition

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as R-3 Utility Co. ______
Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: 10/21/93
Approved by: M. O'Halloran

INSPECTIONS: Type	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			4/5/94	MOH

Dates (Month/Day)

SUBCODE APPROVAL:
[ ] CO [ ] CEO [X] CA
Date: 4/5/94
Approved by: M. O'Halloran

Temp. Cut-in-Card Date Issued ______
Final Cut-in-Card Date Issued ______
Line Dept.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

[signature] Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
7		Fixtures (1)	
8		Receptacles (2) 5	
8		Switches (3) 2	
23+1		Total 1 + 2 + 3 = 24	20.—
[illegible]		Range	
		Oven(s)	
		Surface Unit	
[illegible]		Dishwasher	[illegible]
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
1	1/16	Motors—Fractional H.P. Exhaust Fan	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Paid [X] Check # 1403 Collected by: M.O.H.

Administrative Surcharge $
Minimum Fee $
TOTAL FEE $ 20.—

U.C.C. Form F-120A
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/19/93
Date Issued 6/2/93
Control #
Permit # 93-0588

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 411 Lot 13
Work Site Location 1207-4 Stockton Cr.
Linden, N.J. 07036
Owner in Fee Louis and Lori Ann DeMarzo
Address 1207-4 Stockton Cr.
Linden, N.J. 07036
Tele. [redacted]
Contractor Owner
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Rear Addition 12'x33

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as R-3 Utility Co.
Est. Cost of Elec. Work $ 800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[X] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved w/p
Date: 5/28/93
Approved by: M.O'Halloran

SUBCODE APPROVAL:
[ ] CO-[ ] CCO [X] CA
Date: 4/15/94
Approved by: M. O'Halloran

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	10/19/93		10/25/93	M.O'H
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			4/15/94	M.O'H

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Line Dept.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
5		Receptacles (2)	
2		Switches (3)	
		Total 1 + 2 + 3	
		Range	MH FEE 30.00
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $
Paid [ ] Check # 1253 Minimum Fee $
Collected by: MOH TOTAL FEE $ 30.00

U.C.C. Form F-120A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

10/19/073 Not Approved Rough - Metal Boxes To Small 2-Hots [illegible] on 3x2x 2½ Box. - Needs Paddle Fan. - At Least ~~[illegible]~~ Circuits outside Lites G.F.C.I - Show All Splices & Grounding Methods.

P-4358

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 12/9/93
Date Issued 12/15/93
Control #
Permit # ~~93-1548~~

Update 93-0588+B

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 411 Lot 13
Work Site Location 1207-4 Stockton Circle, Linden, NJ 07036

Owner in Fee Lewis DeMARZO + Lori Ann DeMarzo
Address 1207-4 Stockton Circle
Linden NJ. 07036
Tele. [redacted]
Contractor OWNER
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present 1 Family (R-3) Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ # 100.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[~~ ~~] Plumb. Plans Approved
Date: 12-8-93
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date: 4-26-94

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer			See	
Fixtures			Rev	
Gas Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature-Contractor/Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

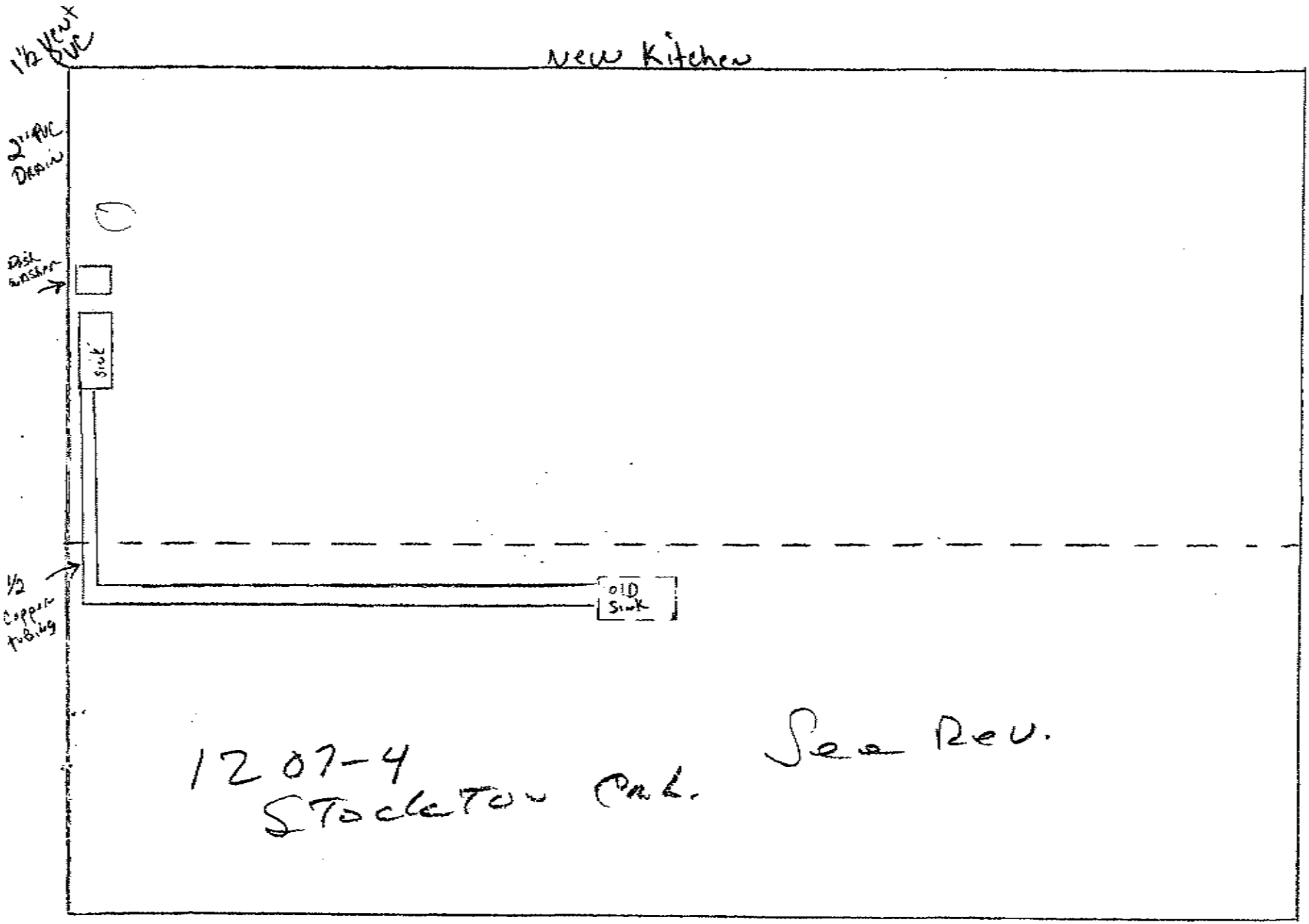
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

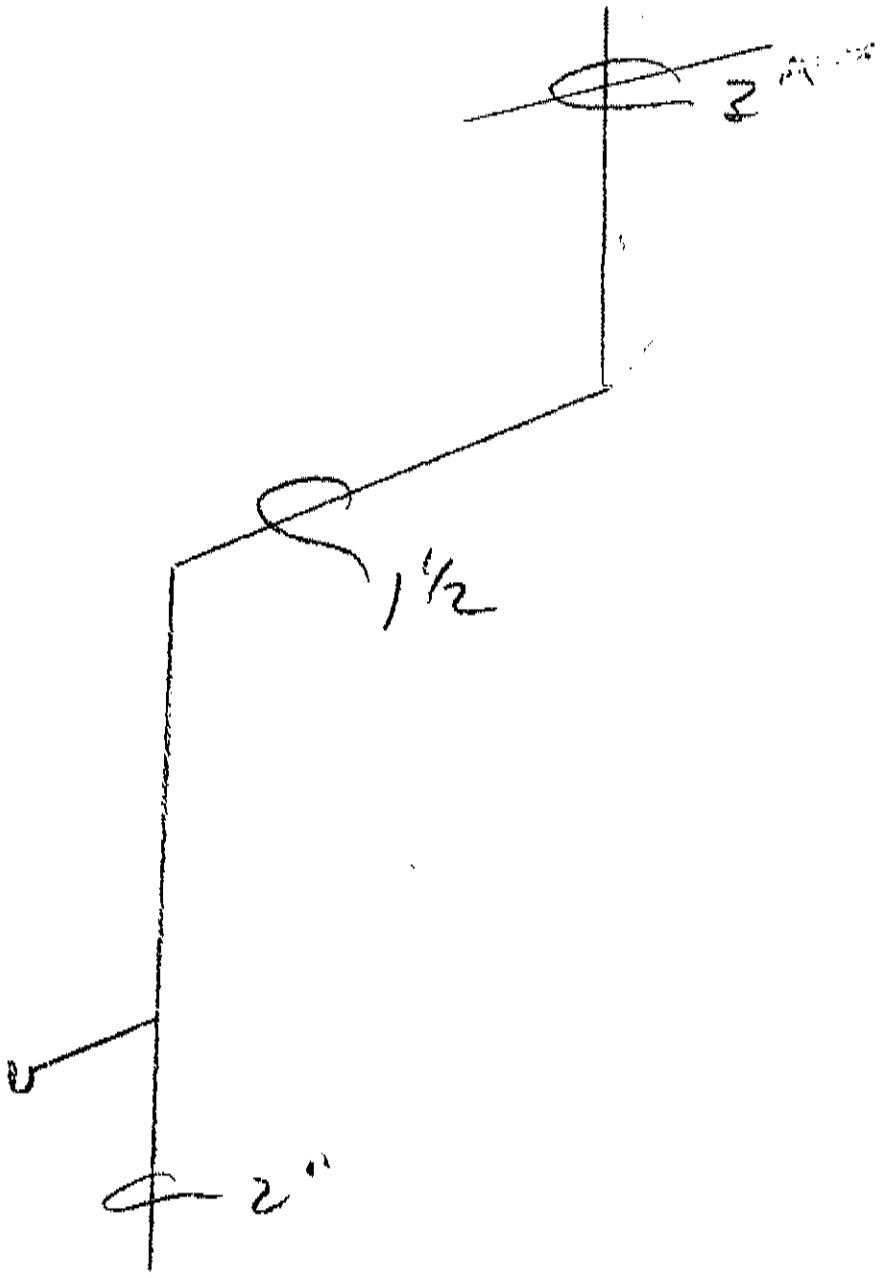
Administrative Surcharge $
Paid [ ] Check # 1436 Minimum Fee $
Collected by: TOTAL $ 30.00

U.C.C. Form F-130A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

11-8-93 Rough

4-26-94 ok ~~EB~~ Final


1½ Vent PVC
New Kitchen
2" PVC Drain
Disk washer
Sink
½ Copper tubing
OLD Sink
1207-4 Stockton Ct.
See Rev.
OLD Kitchen


2"
1½
2"

1207-A Stockton Circle

Square Footage

33.00'W x 12.00'D = 396 ☐'

Volumes

Fdn - Bttm of ftg to fin flr — 6.66 / 5 = 1.33

Wall — 8.00

Roof — 3.47

12.80 Avg Ht.

cubic feet

396 ☐' x 12.80 Avg Ht. = 5069 cubic feet

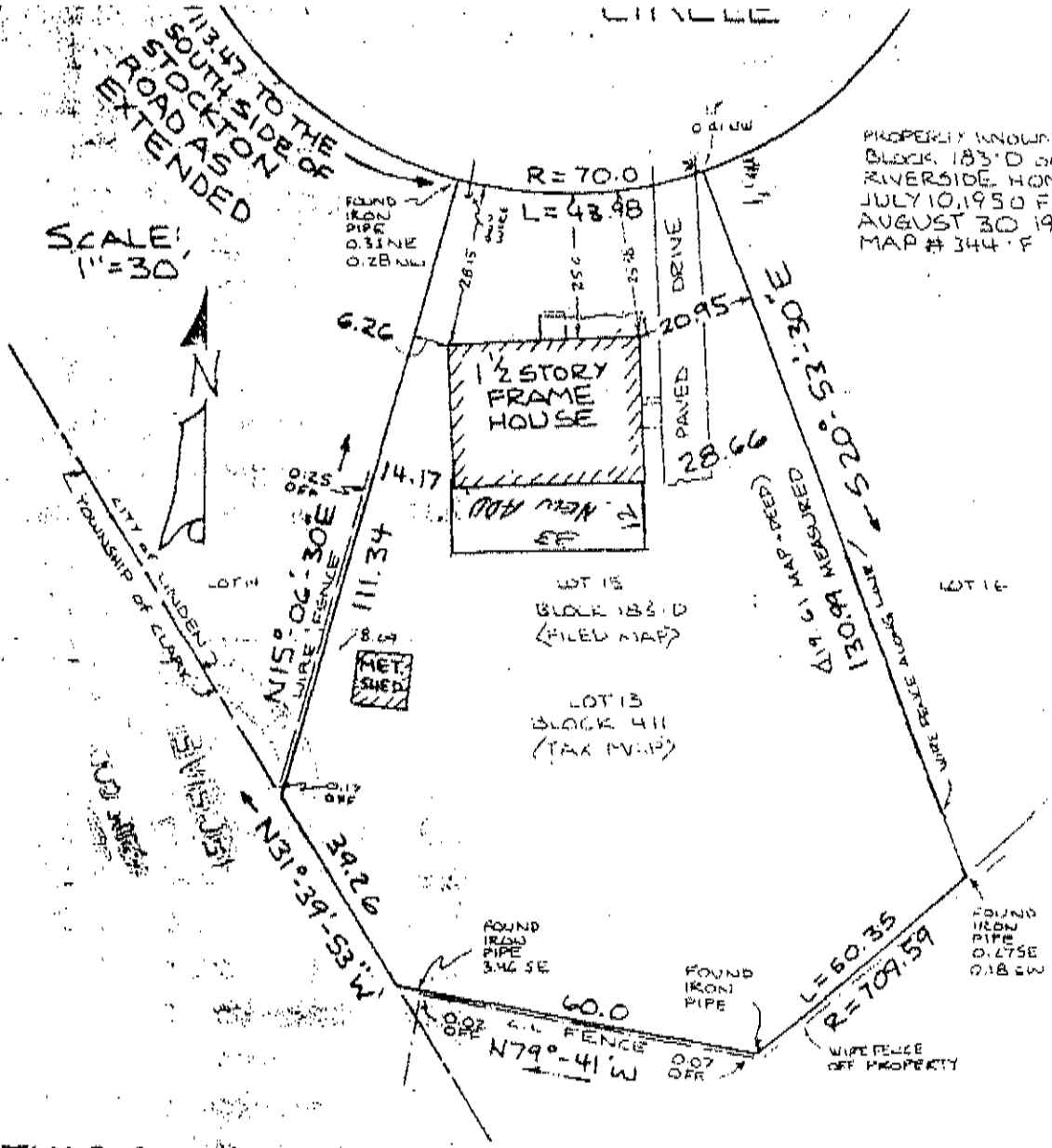
Fees

C.O. — $50.00

Permit 5069 c/F x .015 = $76.00

N.J.S.T.F 5069 c/F x .0016 + $8.00

$134.00 TOTAL



THIS SURVEY IS CERTIFIED TO LOUIS DE MARZO AND LORI ANN DE MARZO, HIS WIFE; LAWYERS TITLE INSURANCE CORPORATION; JOSEPH R. POSTIZZI, ESQUIRE; FIRST SAVINGS & LOAN ASSOCIATION ITS SUCCESSORS AND/OR ASSIGNS AS THEIR INTERESTS MAY APPEAR.

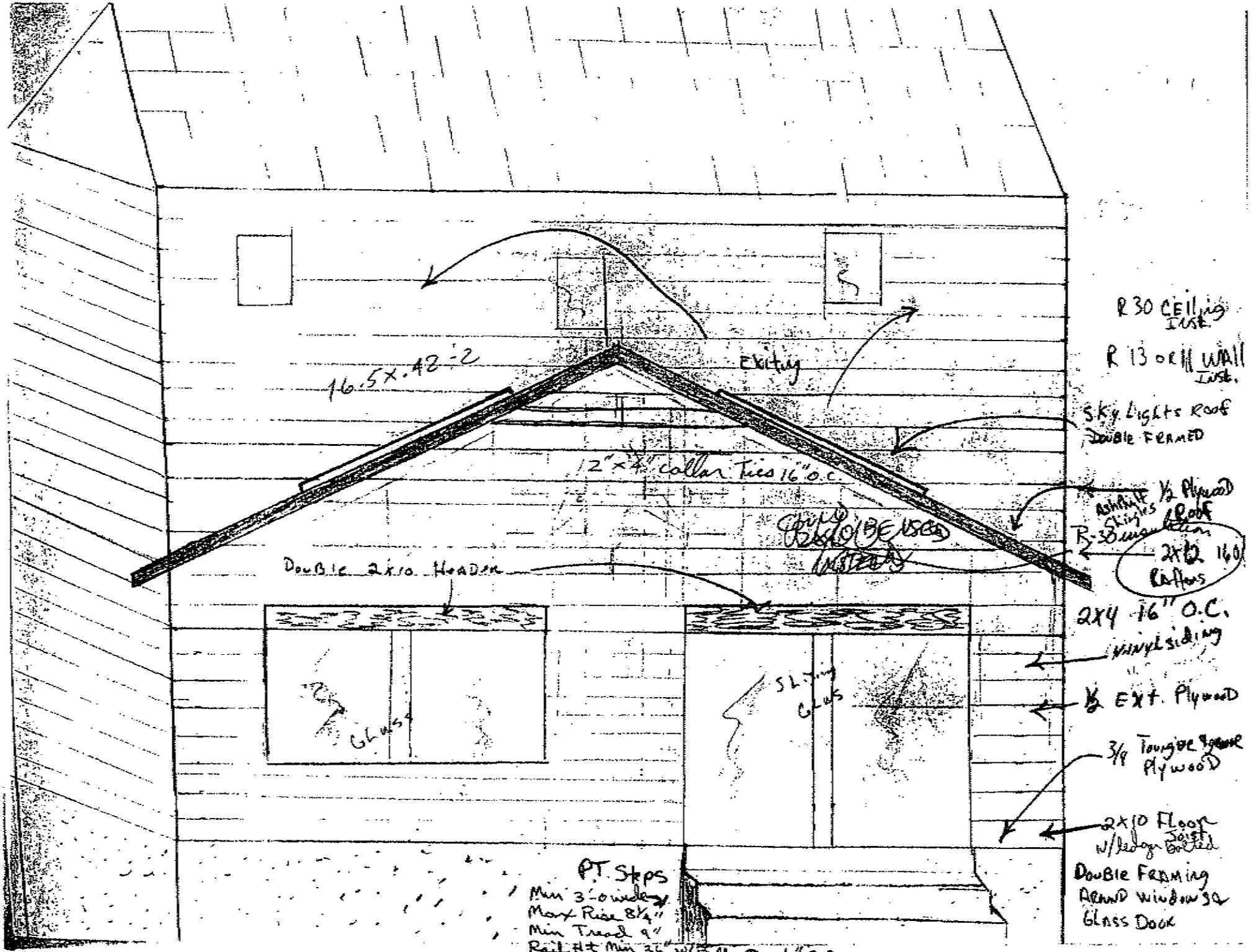
SINGER-MURPHY ASSOCIATES, INC.
PROFESSIONAL LAND SURVEYORS
P.O. Box 505, 90 NORTH AVENUE, FANWOOD, NEW JERSEY 07023

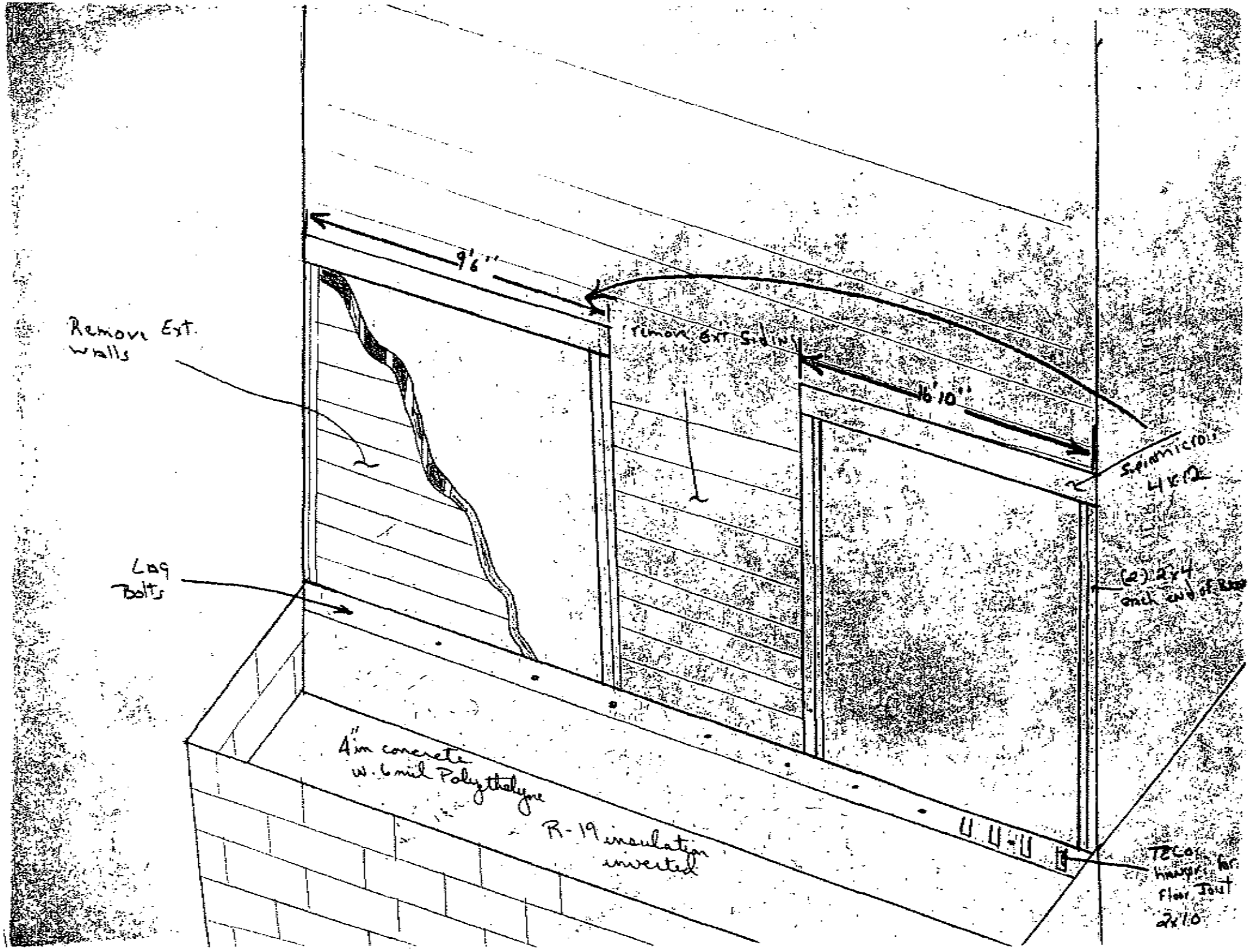
LOCATION SURVEY of PROPERTY AT:
1207-4 STOCKTON CIRCLE
CITY of LINDEN
UNION COUNTY, N.J.

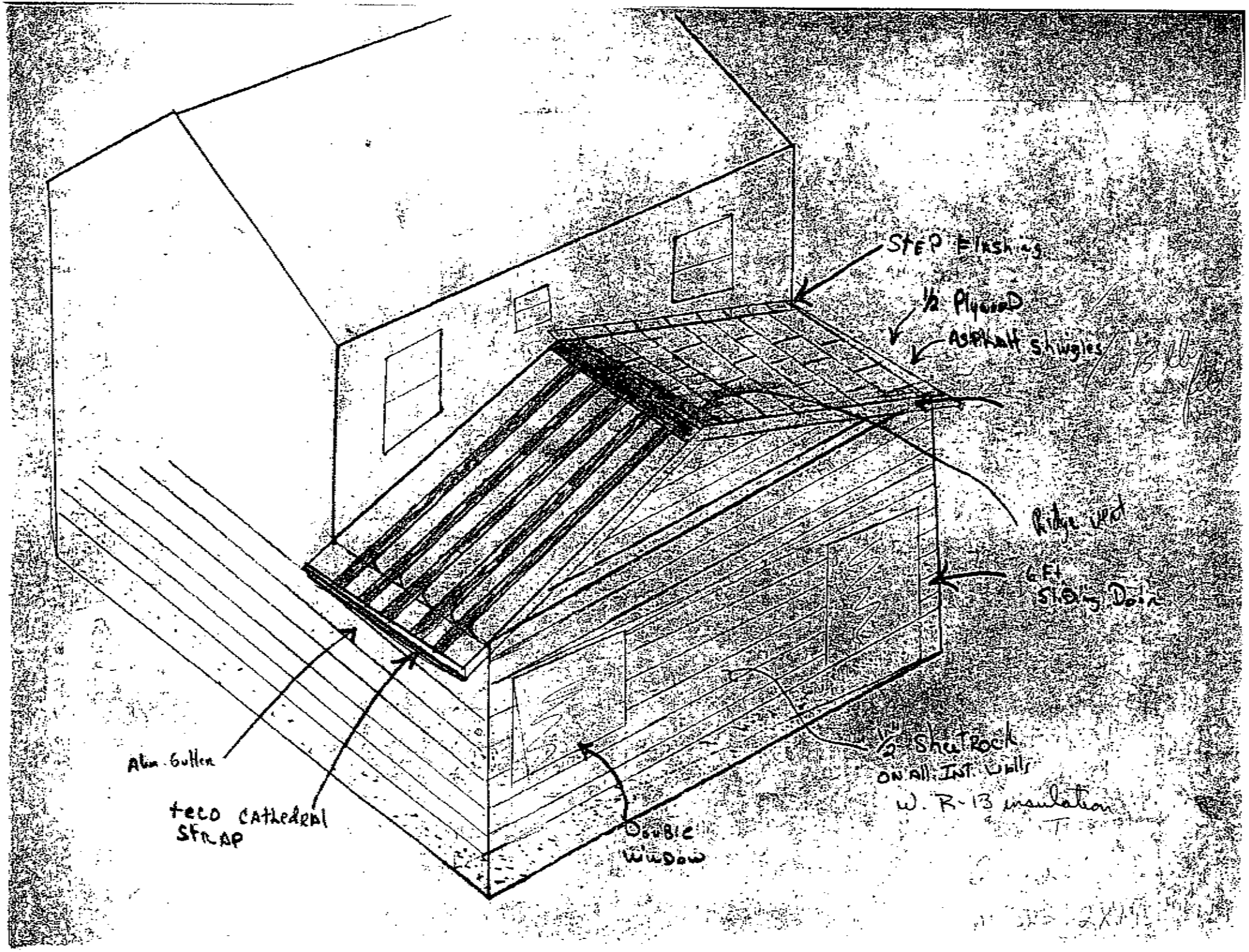
87-639 | NO PROPERTY MARKERS SET OR REQUESTED

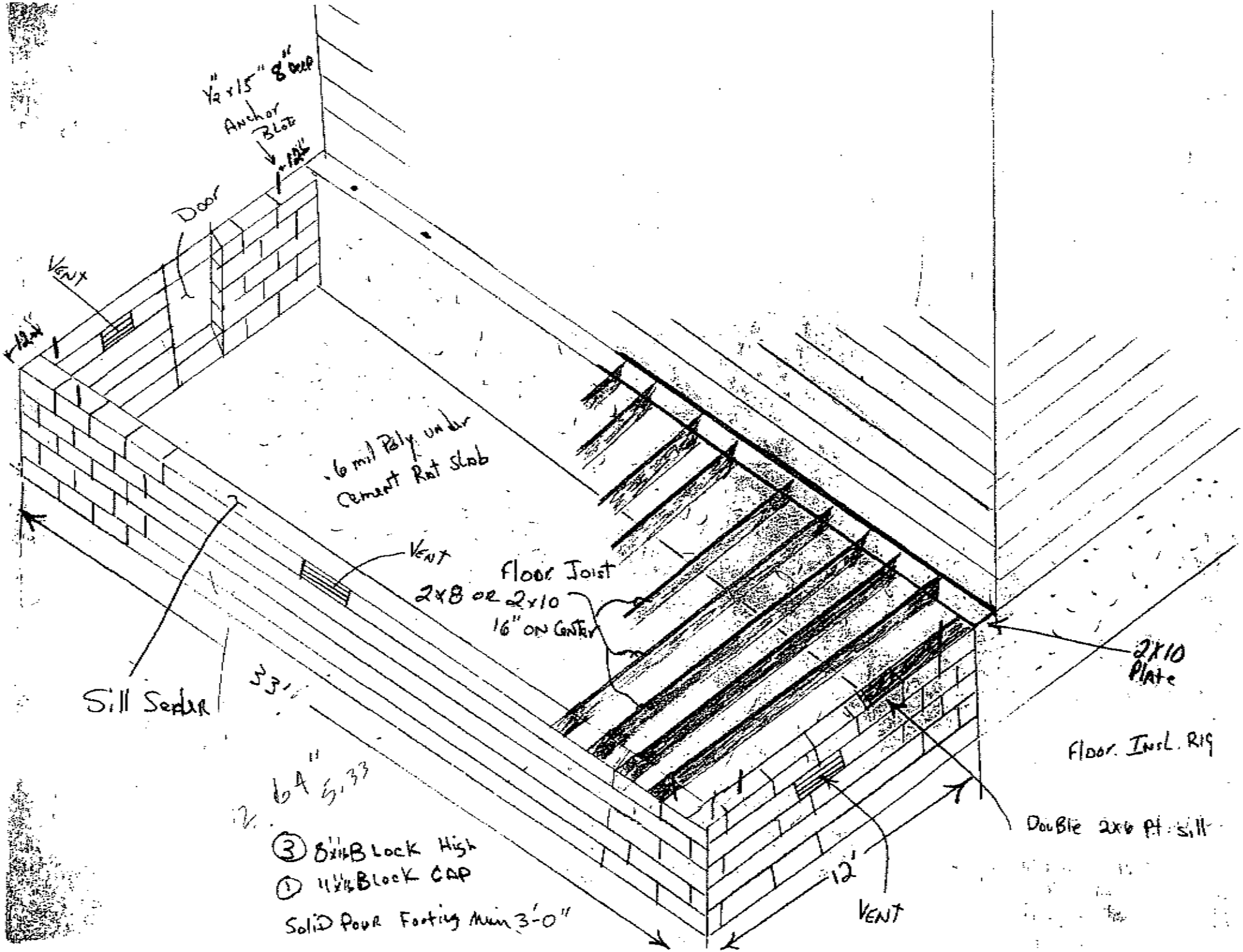
PAUL R. MURPHY, PLS # 30091
AUGUST 7, 1987

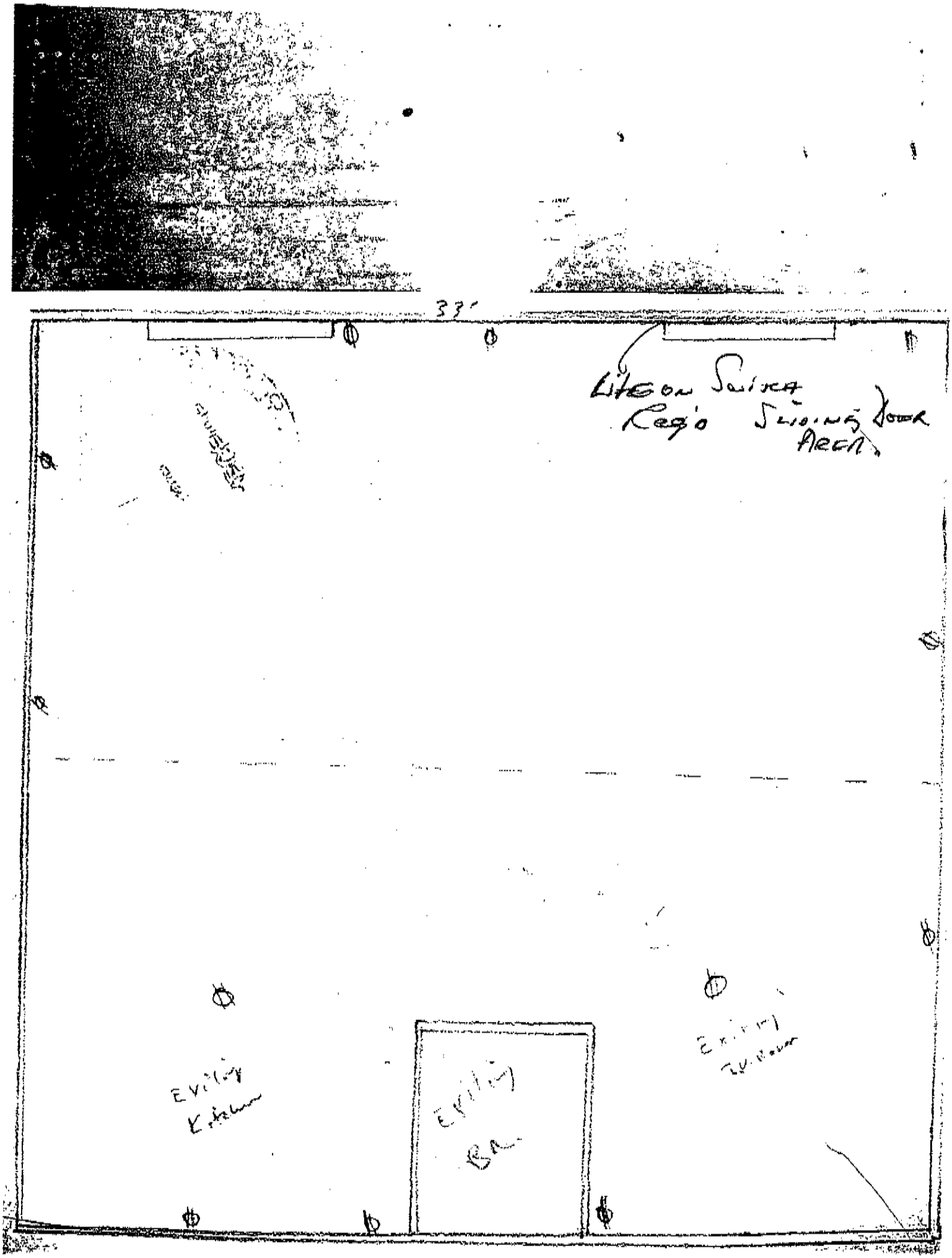
131783

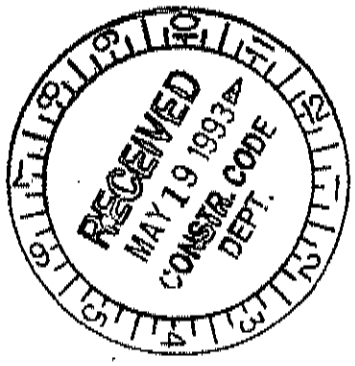

16.5x.42=2
Existing
12"x4" Collar Ties 16" o.c.
Double 2x10 Header
Glass
Slider Glass
PT. Steps
Min 3'-0 wide
Max Rise 8¼"
Min Tread 9"
Rail Ht Min 36" w/ Balusters 6" o.c.
R 30 Ceiling Insl.
R 13 or 11 Wall Insl.
Sky Lights Roof
Double Framed
Asphalt Shingles
½ Plywood Roof
R-30 insulation
2x12 16" Rafters
2x4 16" O.C.
Vinyl siding
½ Ext. Plywood
3/8 Tongue & Groove Plywood
2x10 Floor w/ledger Joist Bolted
Double Framing Around Windows & Glass Door


9'6"
Remove Ext. Walls
Remove Ext Siding
16'10"
Log Bolts
4" in concrete
W. 6 mil Polyethalyne
R-19 insulation inverted
Simpson H2.5
(2) 2x4 each end of Beam
TECO hanger for Floor Joist 2x10


Step Flashing
½ Plywood
Asphalt Shingles
Ridge Vent
6'8" Slab Door
½" Sheetrock
on all Int. Walls
w. R-13 insulation
Double
Window
Alum. Gutter
teco Cathedral
Strap


½" x 15" Anchor Bolt
8" Deep
Door
Vent
Vent
.6 mil Poly under Cement Rat Slab
Floor Joist
2x8 or 2x10
16" on Center
2x10 Plate
Sill Sealer
Floor Insl. Rig
Double 2x6 Pt. Sill
12'
Vent
8"x16" Block High
1 1½"x16" Block Cap
Solid Pour Footing Min 3'-0"


33'
Liteon Suika
Regio Sliding door
area



CONSTRUCTION CODE DEPARTMENT
CITY OF LINDEN, N.J.

CONSTRUCTION MUST COMPLY WITH THE "REGULATIONS

FOR THE NEW JERSEY UNIFORM CONSTRUCTION CODE".

APPROVED

These plans meet the requirements of the N.J. Uniform Construction Code.

APPROVED BY: M. Valvano T.C.S

DATE: _____

SUBCODE: _____

UCC Form M-900 (9/83)

BLOCK 411 LOT 13 ADDRESS (SITE) 1207-4 Stockton ct. PERMIT NO. 97-1090

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 1207-4 Stockton ct.
2. Name of Owner in Fee: Louis DeMarzo Tel. [redacted]
   Address 1207-4 Stockton ct. Lindw 07036 (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Owner Tel. ( )
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. ( )
   Address _____
6. Responsible Person in Charge of Work _____ Tel. ( )

RECEIVED JUL 14 1997 CONSTR. CODE DEPT.

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	186.00		
2. Electrical		50.00		
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		2.00		
10. Subtotal	$			
11. Cert. of Occupancy		50.00		
12. Other				
13. TOTAL	$			

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area—Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	
7. ☐ Plumbing	
8. ☒ Electrical	450.—
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			7/24/97	NW			
	DVOID		7/24/97	MS			
	7/15/97		7/15/97	AOK			

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. Form F-100B

13

13

LDS LN 10502178

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )*I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:*

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date 7-14-97

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the *Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required* State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

7/17/97 Am
Called & left message w/owners mother
to have owner contact this office. w

CITY OF LINDEN, N.J.
FIRE SUBCODE PERMIT AND
INSPECTION REQUIRED

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 01/13/2000
Control #
Permit # 97-1090

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 411 Lot 13 Qual
Work Site Location 1207-4 STOCKTON CR

Owner in Fee/Occupant DEMARZO, LOUIS & LORI ANN
Address 1207-4 STOCKTON CIRCLE
LINDEN, NJ 07036-
Telephone [redacted]
Contractor H O M E O W N E R
Address

Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

BUILD 1 CAR ATTACHED GARAGE 12 X 26'-4" WITH 2ND ELECTRIC

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period [___ years]; see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 50
Paid [X] Check No. 2455
Collected by: KM

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 08/04/97
Control #
Permit # 97-1090

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 411 Lot 13

Work Site Location 1207-4 STOCKTON CR

Owner in Fee DEMARZO, LOUIS & LORI ANN
Address 1207-4 STOCKTON CIRCLE
LINDEN, NJ 07036-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. HO-
or Social Security No.

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[X] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
BUILD 1 CAR ATTACHED GARAGE 12 X 26'-4" WITH 2ND FLOOR ADDITION
ELECTRIC

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 8,401

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	107
Electrical	50
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	11
Cert. of Occ.	50
Other	
Total	218
Check No.	2455
Cash	
Collected By:	KM

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Update Issued 02/23/98
Control #
Permit # 97-1090+B
Permit Issued 08/04/97

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 411 Lot 13

Work Site Location 1207-4 STOCKTON CR

Owner in Fee DEMARZO, LOUIS & LORI ANN
Address 1207-4 STOCKTON CIRCLE
LINDEN, NJ 07036-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. HO-
or Social Security No.

Is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER
[X] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Estimated Cost of Work $ 600

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Electrical	60
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	60
Check No.	274
Cash	
Collected By:	KM

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Update Issued 12/08/97
Control #
Permit # 97-1090+A
Permit Issued 08/04/97

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 411 Lot 13

Work Site Location 1207-4 STOCKTON CR

Owner in Fee DEMARZO, LOUIS & LORI ANN
Address 1207-4 STOCKTON CIRCLE
LINDEN, NJ 07036-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. HO-
or Social Security No.

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
REVISION OF ORIGINAL PLANS FOR 2' CANTILEVER

PAYMENTS (Office Use Only)

Building	50
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occ.	0
Other	
Total	51
Check No.	234
Cash	
Collected By:	KM

Estimated Cost of Work $ 1,500

CONSTRUCTION OFFICIAL

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11.10.97
Date Issued 12/8/97
Control #
Permit # 97-1090A

update

RECEIVED NOV 10 1997 CONSTR. CODE DEPT.

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 411 Lot 13
Work Site Location 1207-4 Stockton circle
LINDEN
Owner in Fee Louis DeMARZO
Address 1207-4 Stockton circle
LINDEN
Tele. [redacted] pAger [redacted]
Contractor owner
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Revision of orig. Plans
For 2' CANTilever
2ft X 26ft. X 6in. X 8ft.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All		
[ ] Footing		
[ ] Foundation		
[X] Frame	11/17/97	W
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date:	8/13/99	
Approved By:	W	

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			2/18/98	W
Insulation			3/26/98	W
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			8/13/99	W

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories —
Height of Structure — Ft.
Area—Largest Floor 52.66 Sq. Ft.
New Bldg. Area/All Floors 52.66 Sq. Ft.
Volume of New Structure 421.28 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ 1500.00/ea
3. Total (1 + 2) $ 1500.00/ea

TYPE OF WORK

[ ] New Building
[X] Addition use min
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (6' or over)
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [X] Other Revision
- [ ] Other

[ ] Demolition

(Office Use Only) FEE

$

Paid [X] Check # 234
Collected by: KM

Administrative Surcharge	$
Minimum Fee	$ 50.00
DCA TRAINING FEE	$ 1.00
TOTAL FEE	$ 51.00

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

[redacted]

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7-14-97
Date Issued 8/4/97
Control #
Permit # 97-1090

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 411 Lot 13
Work Site Location 1207-4 Stockton Circle

Owner in Fee Louis DeMarco
Address 12074 Stockton Circle
Louden
Tele. [redacted] Reeves #
Contractor Owner
Address [redacted]

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

RECEIVED
JUL 14 1997
CONSTR CODE DEPT.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am (the [agent of] owner of record and am authorized to make this application

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Build / Con attached
NEW Garage 12 x 26'-4"
w/ 2ND Floor addition

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7/28/97	MW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:	7/29/97	
[ ] Elec. [ ] Plumb. [X] Fire		
SUBCODE APPROVAL		
[✓] CO [ ] CCO [ ] CA		
Date: 8/13/99		
Approved By: MW		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			8/15/97	MW
Foundation			8/19/97	MW
Slab			9/22/98	MW
Frame			2/18/98	MW
Insulation			3/26/98	MW
Finishes:				
Energy				
Mechanical				
TCO				
Other sheathing			12/2/97	MW
Final			8/13/99	MW

over

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 23 Ft.
Area—Largest Floor 316 Sq. Ft.
New Bldg. Area/All Floors 316 Sq. Ft.
Volume of New Structure 7166 Cu. Ft.
Total Land Area Disturbed 316 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 8,000
2. Alteration $
3. Total (1 + 2) $ 8,000

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other
- [ ] Other

[ ] Demolition

(Office Use Only)
FEE
$ $107.00

Paid [✓] Check # 2455 C.O.
Collected by:

Administrative Surcharge	$ 50.00
Minimum Fee	$
DCA TRAINING FEE	$ 11.00
TOTAL FEE	$ 168.00

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CITY OF LINDEN, N.J.
FIRE SUBCODE PERMIT AND
INSPECTION REQUIRED

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 2/19/98
Date Issued 2/23/98
Control # 97-1090 +B
Permit # Up-DATE.

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 411 Lot 13
Work Site Location 1207-4 Stockton circle
Linden NJ.
Owner in Fee/Occupant Louis DeMarzo
Address 1207-4 Stockton circle
Tele. [redacted]
Contractor
Address Homeowner
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

RECEIVED FEB 19 1998 CONSTR. CODE DEPT.

B. ELECTRICAL CHARACTERISTICS for 2 Bedrooms over Garage
Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as R-3 Utility Co. ______
Est. Cost of Elec. Work $ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved w/r
Date: 2/19/98
Approved by: M. DeMarzo

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			2/19/98	M.O.H.
Temp. Serv.			3/6/98	M.O.H.
Constr. Serv.				
TCO				
Other Final	7/8/98			
Service				
Final	5/5/98	10/98	11/13/00	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11/13/00
Approved by:

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
8		Receptacles	
4		Switches	
2	smoke	Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
18		TOTAL NUMBERS	$ 30.
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	50	AMP Subpanels	30.
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 60.

Paid [X] Check # 274
Collected by: M.O.H.

U.C.C. F120 (rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

3/6/98 — Progress Rough — Sheetrock being unloaded

5/5/98 - Not Ready

7/8/98 Final failed @ garage outlets GFI's

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7-14-97
Date Issued 8/4/97
Control #
Permit # 97-1090

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 411 Lot 13
Work Site Location 12074 Stockton circle
Owner in Fee Louis DeMarzo
Address 12074 Stockton Circle
Lincoln MT
Tele. [redacted]
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

RECEIVED
JUL 14 1997
CONSTR. CODE DEPT.

Garage & pool

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ $4000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7/15/97
Approved by: M. Hancock

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/31/00
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Approval	Initial
Rough	9/7/97 10/27/97	2/19/98	MSH
Temporary			
Constr. Serv.			
TCO			
Other			
Service			
Final	9/5/98	11/3/00	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature—Contractor Sec.

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
2		Fixtures (1)
3		Receptacles (2)
2		Switches (3)
		Total 1 + 2 + 3
	Kw	Range
	Kw	Oven(s)
	Kw	Surface Unit
	hp	Dishwasher
	hp	Garbage Disposal
	Kw	Dryer
	Kw	A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
	hp	Whirlpool/spa
		Pool Bonding
	hp	Pool Filter Motor
		Pool Lights
	Kw	Water Heater(s)
	Kw	Central heat: oil, gas or elec.
	Kw	Baseboard Heat Units
		Thermostats
	hp	Heat Pump
	hp	Pump(s)
	Amp	Motor Control Center/Sub Panels
		Signs
		Light Standards
	hp	Motors—Fractional H.P.
	hp	Motors—All Others
	Kw	Transformers
	Kw	Generators
	Amp	Service Entrance
		Other

FEE (Office Use Only)

Paid [✓] Check # 2455
Collected by:

Administrative Surcharge	$
Minimum Fee	$ 50.00
DCA Training Fee	$
TOTAL FEE	$ 50.00

U.C.C. Form F-120B

1 White Inspector Copy 2 Canary = Office Copy
3 Pink Office Copy 4 Gold = Applicant Copy

8/7/97 Not approved No Access Left Card. 1:35 P.M. Left

2/18/98 Not Approved - Needs permit update 11

Rem Section with name

2/18/98 Called Owner Need update,

10/5/98 Not Approved Left Card

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20171717
Update Number:
Control Number: 61541
Application Date: 11/15/2017
Permit Date: 11/22/2017
Expiration Date: 11/22/2018

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 411 Lot: 13 Qualification Code:
Work Site Location: 1207-4 STOCKTON CIRCLE LINDEN

Owner In Fee: LENNY DYKSTRA
Address: 1207-4 STOCKTON CIRCLE
LINDEN NJ 07036

Telephone: ()

Use Group(s): R-5

Contractor: D. POLO PLUMBING & HEATING I
Address: 19 SEAGOIN ROAD
BRICK NJ 08723

Telephone: [redacted]

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
GAS PIPING
TEST ONLY

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	1,200.00
Cost of Demolition:	0.00
Total Cost:	$1,200.00

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$70.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$2.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$72.00
All Fees Waived:	No

Amount to be Paid:	**$72.00**
Check Number:	6144
Check amount:	$72.00
Cash amount:	$2.00

Mark Ritacco
Construction Official

Date

Collected by:	TB
Receipt No:	
Total Cash Amount:	$2.00
Total Check Amount:	$72.00
Total CC Amount:	
Grand Total:	$74.00

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 11/15/2017 Date Issued: 11/22/2017

Control #: 61541 Permit #: 20171717

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block: 411 Lot: 13 Qualification Code:

Work Site Location: 1207-4 STOCKTON CIRCLE

Owner in Fee : LENNY DYKSTRA

Address : 1207-4 STOCKTON CIRCLE
LINDEN NJ 07036

Email:

Telephone: ()

Contractor: D. POLO PLUMBING & HEATING LLC
ATTN:

Address: 19 SEAGOIN ROAD
BRICK NJ 08723

Telephone: [redacted]
Fax:

E-mail:

Contractor License No [redacted] Expiration Date: 6/30/2021 Federal Emp. No.: [redacted]

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $1,200.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $1,200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Date(Month/Day)			
Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

_____
Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
GAS PIPING TEST ONLY

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	$20.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$2.00
TOTAL FEE	$72.00

U.C.C.F130(rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.